FOR - STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife Home Taylor Street Chambers ADDRESS John Malczynski 4609 27th St. Mt. Rainier.Md Welly due to Carcinoma pavicreas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Hospital, Cheverly nd 20811 (SPECIFY Burial Arlington National Cem. Ft. Myer. Arlington, Virginia 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Chambers Funeral Home Riverdale, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

IF UNDER 1 YEAR

2:20PM

IF UNDER 24 HRS

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	lookel Sanklik	

16,000 Annapolis ARd. Bowie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

11-1-1620 Vermont U.S.A. l onchaken New Mamosh Graeton Woodsville Park Street Fred, Drown Brown Louise Louise 11c Sanville Many way Total 073-12-0328 George Mans - Boule, Mc Surfal ... L-6-81 Pincarove Cemetery Woodsville, Glafton filashr Beell Fanctal Lone 15,000 inspols se. Boule, Mes

STATE OF MARYLAND

Femile Cucision 4-4-1110 20 increal stall X U.S.A. ETTE GE 1 Laurel Slip cover mover Ac. Columns Lothian Waysons modific court #212 Unknown Florence Unknown Borrence Getty Johnson, Laurel, Mc. II Borren 77-26-9822 Claude Marks 2316 Tallow La. Mc. 30111 U-24-81 csls Jeneter Prince Frenchick, Cl.Mr. Beall Funeral Hone w 15,000 Annacolis Sr. Borte, Mc.

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ge 4 may be ctar cetar cetar		ORPRINE) // AMAA	4 RACE	RIEL TE	5 DATE O	MAR	s H	28. DATE OF DEATH AFTE L B AGE WYEARS LAST BIRT	MONTH DAY	1981 INDER I YEAR	P UNDER 24 HRS
by the tunners diesective of the control of the con	10 C	RTHPLACE (STATE OR FOREIGO OWNTRY) Pehn, ITY OR TOWN OF DEATH Drestville	II. NAME OF	WHAT COUNTRY? HOSPITAL, NURSING FACILITY, GIVE STREET	WIDOWEE		ORCED 🗌	PENCE 126 USUAL OCCUPATION OF WORK FOR MOSTO HOUSEWIFE	COUNTY OF	126 KIND OF	MD. BUSINESS OR
A state of the sta	130 €	AL RESIDENCE (IF MURSING ISTATE 13h) Onna. ATHER'S NAME FIRST	COUNTY	Taylor		15. MOTHER'S	MAIDEN NAM		s Str		
3 4 7 335		Reese		ichards			Sarah			nk last	
1 H 3		VAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)		7754			. Main Parts Funeral		lor P	ATE INTERVAL USET AND DEATH
v requires that the same is signed by the intent hen please remove put to burial, committee, ny injury, or other trains	NO	Canditians, if any, wh gave rise to immedi cause (a), stating underlying cause in	$ \begin{cases} \text{ob} \\ \text{ote} \\ \text{the} \\ \text{ost} \end{cases} $	R AS A CONSEQUE	NCE OF	NOT RELATED T			DITION GIVEN	IN PART Ita	
AN: The lavan.	CERTIFICATION	DATE OF OPERATION		ITION FOR WHICH	OPERATION			200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	IG CAUSES C	
ING PHYSICIA ending physicia frer this certifit he burial-trans and Mental H arked or Item	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING COURSED COURSED WHILE NOT WHILE NOW WHILE	AMINER) HOUR A.	M. MONTH DA	Y YEAR 19	211 LOCATION STREET	_	ED (ENTER MATURE OF IN)ON		COUNTY	STATE
PITAL Ork ATTEND by the hospital or att ERAL DIRECTOR: A e detached for use as State Dept. or Health ANT: If Item 21 is m		22s.1 certify that (I) (this	s haspital) attended the live an (did not) use the book	after death.		EGREE		death accurred an the do	· F		
TO HOS TO FUN Should be with the IMPORT	(BURIAL, CREMATION, REM SMCCIPY) Burial	1236. DATE			METERY OR CI		23d LOCATION CITY OF TOWN		univ	STATE Pa
DHMH-16 25M (VRA 15, 4) 1/79	RO	uneral director 43(bert E Wi]	08 Suitla Lhelm Fu	nd Rd. Si	iitla	nd Md.	250. DATE	K16 1981	256. REGISTRA		RE

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~ 1	FOR		ATE OF MARYLAND	LUVOITUE I I I	20 4
AL I	STATE REGISTRAR		F HEALTH AND MENTA	E OE DEATH	la la "
1. DI	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN (X) MO	NTH DAY YEAR 26 HOUR
(h	PE OR PRINT)	ARD J	MARSHALL	OF ESTI-	4 5 19 81
3. SE			YEARS IF UNDER 1 YR. IF UN	IDER 24 HRS. 2c. DATE MOR	
n	nale negro	July 30, 1961 19	. MONTHS DATS HOOK	PRONOUNCED DEAD	4 5 19 81 pm
7a E	SIRTHPLACE (STATE OR ORFIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED IN 9. BALTIMORE CITY OR CO	
1	Md,	U.S.A.	WIDOWED DIV	ORCED Prince George	's County MD
1D. C	TTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES	5)	12a USUAL OCCUPATION (TYPE OF WI	ORK 126 KIND OF BUSINESS OR INDUSTRY
	neverly	Prince George's Ge		Unemployed	None
	STATE 13b. COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINITY P.G. Palmer F	13d. INSIDE CITY LIMIT	DO DO	
) H, F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S M	AIDEN NAME	LAST
	Richard	Marshal		n Cl	eveland
160.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRESS	
	No	216-82-1	308 Helen	Marshall-Same as	# 13 above
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a) Cranio-cere			
3. SE 10. C Ch USU 130 14. F 10. C Ch USU 130 14. F 10. C C C C C C C C C C C C C C C C C C C	Condition, if any, which	DUE TO, OR AS A CONSEQUENCE	E OF		
-	gave rise to immedia cause (a) stoting the unde	te (b)			
	lying cause lost.	DUE TO, OR AS A CONSEQUENC	E OF		
Z	PART 2 OTNER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (g),	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
JFI.	L. Jus				YES NO
1 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN ITEM 18 PART 1	
	UNDERLYING OR CONTRIBUTING CAUSE O	HOUR XXXMONTH DAY YE		n struck by auto.	
MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME.	211. LOCATION		COUNTY
2	AT WORK AT WORK	road	8200 blk. La	andover Rd. Princ	e George's Md.
	22a I certify that I took cha	rge of the remains described above, held an	Autopsy X, Inspe	ection , Inquiry . ond in m	y opinian
	death resulted from: Nat	ural causes , Accident ,	Suicide . Hamicide	Undetermined manner .	
	ACTUAL //	March	TITLE (SPECIF)		
7	SIGNATURE /	AND XIV	M.D. Assis	tant MEDICAL EXAMINER SI	ATE GNED 4-6-81
	EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Dixon, M.D.	ADDRESS	111 Penn St.	
23	SURIAL CREMATION, REMOVAL	4 4 6 4	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24 5	UNERAL DIRECTOR	4-10-81 HARMON	14 MEM- PAR	ATE REC'D. BY REGISTRAN 256. REGISTRAN	P.6. MD.
11		+ Sons 4925 BURRO			SSIGNATURE
H	J. WHEHINGTON	+ COM TILE DYKK	HE W. C. HI	R 1 0 1981 Pop	Solle !



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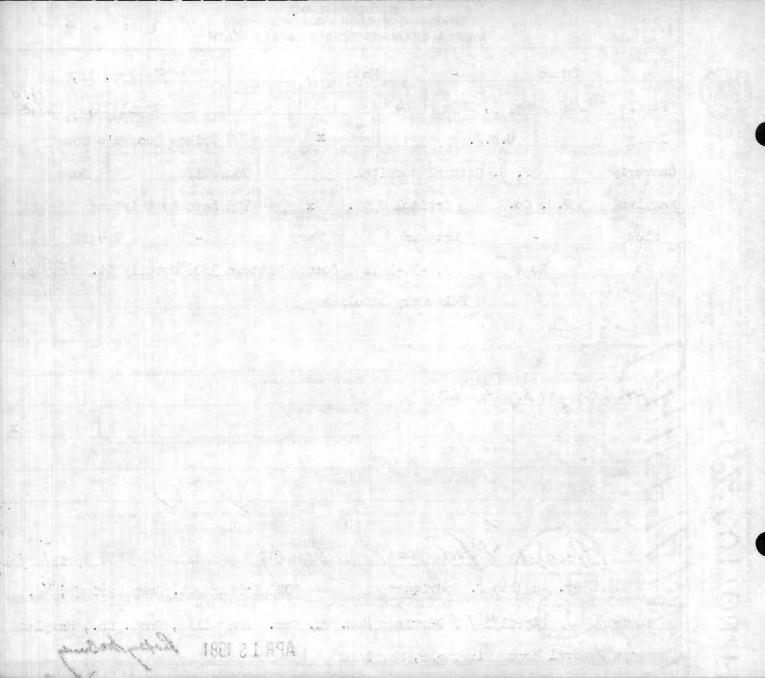
APRIO 1981 Philosophy Start of 1981

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME 7h HOUR TYPE OR PRINTI SAMUEL April 29, 1981 SEX A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 1899 Black Sept. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED P rince Georges WIDOWEDE 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Dunban OAKS Truck Driver Chanel Oaks 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Chapel Oaks M aryland P.G. 1311 Dunbar Oaks Dr. NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jackson Edward Marahall Ann Chapel Oaks. Md. 166 SOCIAL SECURITY NO 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 1311 Dunbar Oaks Dr. 225-65-6010 Viola Marshall no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Cancer of the Lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a | certify that (I) (this hecastal) attended the deceased from, sow the deceased alive on_ and that in (my) (and apinion death occurred an the date and hour and from the causes stated abave, (1) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING W MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME CTYPE OF PRINT 22e ADDRESS should be 5711 Sarvis Ave. Riverdale, Md. Lawrence Satin Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Washington National Suitland. #d. BP Buriel 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 NAME (VRA 15, 4) Robert G. Mason Funerl Home 1661 Good Hope Rd. S

1991 29, 1981	2.140	AA		e West	
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11/		1.	FOR					AARYLAND	HYGIENE	1 1	996
Н		11-	STATE REGISTRAR					CERTIFICATE	0	250.110	ú. 6. 9
		_	CEASED NAME	FIRST		WIDDLE		LAST		REG. NO.	DAY YEAR 2b. HOUE
	w at a court	(TYI	PE OR PRINT)	Lucia			Model	0.000		OF ESTI-	
	REER REER	3 SE	K 4. F	RACE	5. DATE OF BIRTH	6. AGE (Matt	DER I YR. IF UNDE		DATE MONTH	DAY YEAR 20 HOW
	ST ST	TO	omal o Ta	- 4 4 -	MONTH DAY		MONT		MIN PRO	NOUNCED	1714
	SAR		emale Wi	nite	May 3, 1		YRS.		_ 9 B	ADTI	17 OF DEATH
	NECESSARY, PLEASE FUNERAL DIRECTOR. S. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREEF.		taly		II C A		MARR	IED NEVER MARI	KIED -		
	N N N N N N N N N N N N N N N N N N N		ITY OR TOWN OF	DEATH	U.S.A.	PITAL, NURSING H			-	rince George DCCUPATION (TYPE OF WORK	S COUNTY ME
	PAGE 5 PAGE 5 PAGE 5 S 301 W	Ch	ar [wowo		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDR	\$5)		FOR MOST (OF WORKING LIFE)	OR INDUSTRY
	A. IF ANY DELAY 2, AND 3 TO TI 3. RETAIN PAC 2 SHOULD BE FILE ALR PCORDS, 30		everly AL RESIDENCE (# #	N NURSING HOME O		neral Hos			House	wire	Home
3	G COULT		STATE	13b COUN		13c CITY OR TOW		138. INSIDE CITY LIMITS?	13e. STREET A		
	SHOUL	-	ryland ATHER'S NAME	P.G.	Co.	Capitol	Hgts.	YES SE NO L	1 1 5 2	archmont Ave	iue
	DEATH SES 1.		FIRST		MIDDLE	LAST		FIRST	ZEIN INAME	WIDDLE	EAST
9	R DE ANGE		VAS DECEASED EV	/ER IN U.S. ARA	AED FORCES?	Mattera	IRITY NO	Mary 17. INFORMANT		ADDRESS	rouff
	P P P P P P P P P P P P P P P P P P P	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						Wheaton,
T A D A D A D A D A D A D A D A D A D A	OURS AFTER DEATH. IF OURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 3, 4, 114 TIT. PAGES 1 AND 2 SH C. DIVISION OF VITAL R		NO CAUSE OF D		one	<u> 1578-36-</u>		Joseph Ma	ttera 3	806 Greenly S	APPROXIMATE INTERVAL
	N 24 HOUN VITEM 18. ALONG W T PERMIT. TYGIENE, D		PART I DEATH	H WAS CAUSE	BY:	for (o), (b), ond (c).		•			BETWEEN ONSET AND DEATH
3	TEM TIEM TONCON PERM GIENE	50	415	IMMEDIAT	- CUOOF (0)	Pulmonary AS A CONSEQUEN		LSIII			
9	VITHIN 24 CIL IN ITE/ INER ALOR ANSIT PER AL HYGIEI	N		if any, which							
	MINOTIA			to immediate ting the under-	(b)	AS A CONSEQUEN	CE OF				
	UTED WITHII IN PENCIL IN EXAMINER RIAL-TRANSI OR REMOVE		lying couse l			NO N CONSEQUEN	CL OI				
9	XECU G'' 1 BUR BUR ON,		PART 2 OTNER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN P	APT 1 (e)		
TO SEE STATE OF STATE	HOULD BE EXECUTED WITHIN 24 HOUF BO "PENDING" IN PENCIL IN ITEM 18. CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-IRANSIT PERMIT B OF HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	Z	111 /1	restis	1	ture			ART E (U).		
	CREA CREA	CERTIFICATION	19a. DATE OF OP			ION FOR WHICH C	PERATION W	AS PERFORMED?			20. AUTOPSY?
	SHOULD ORD "PER CHIEF A RE USED TO F HEA	FIE			4 6 7						YES NO IX
3	WENT BENT	CER	21a EXTERNAL C		21b. TIME OF		21c. He	OW INJURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITEM 18 PART 1 OR P	
	STATE OF THE STATE	N.	UNDERLYING CONTRIBUTING				EAR				
	ED ING	MEDICAL	21d INJURY OCC	URRED	21e. PLACE	OF INJURY (AT HOM		CATION			
ā	VRIT VRIT ARDI GE OT PI	2	WHILE NAT WORK	OT WHILE T] SIREET, FAC	ORY, FARM, ETC.)		STREET	CITY	Y OR TOWN	DUNTY STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD RECUTE THE CERTIFICATE, WRITING THE WORD "PROCE A SHOULD BE FORWARDED TO THE CHEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CR.				a of the remains de	cribed abave, held o	n Autop	sy , Inspection			
	THE FOR	13	death resulted for	4-1	al causes	Accident .	Suicide	, Hamicide .	Undetermin	equiry [], ond in my c	pinian
	REC BILLE	3%	dedili resolica i	1	CA	7	Suicide	Total (Specieve	Underermin	ned morner	
	MAI V	-	ACTUAL SIGNATURE	Xusu	ita To	rdeque.	1/ "	Denute	MEDICAL	EXAMINER SIGN	FD_April/11/8:
	SH S	,		1		11		1	MEDICAL	EXAMINER SIGN	TO ADMINISTRA
	PER DE TIMO		EXAMINER'S NAM	ME DY. AL	ugusto P.	Rodrique	Z	ADDRESS 5009	Raybur	n Ct. Camp Sr	orings. Md.
2	PACE EXE		URIAL, CREMATION	N,REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LOCAT	ION	
de	(BP)		Burial		April/14/	81 Parkla	wn Mem	Pk. Cem.	ROCKY	A TOTAL CONTRACTOR OF THE PARTY	IO Mayyland
	DHMH - 17	24. F	UNERAL DIRECTOR		ADDR€SS				REC'D. BY REG	ISTRAR ISTRAR'S	IGNATURE
	(VR A15 ME (5)) 15M 7/77	Ch	ambers Fi	uneral 1		erdale. M	arvlan	APR	1 5 198	Marchan	Charty

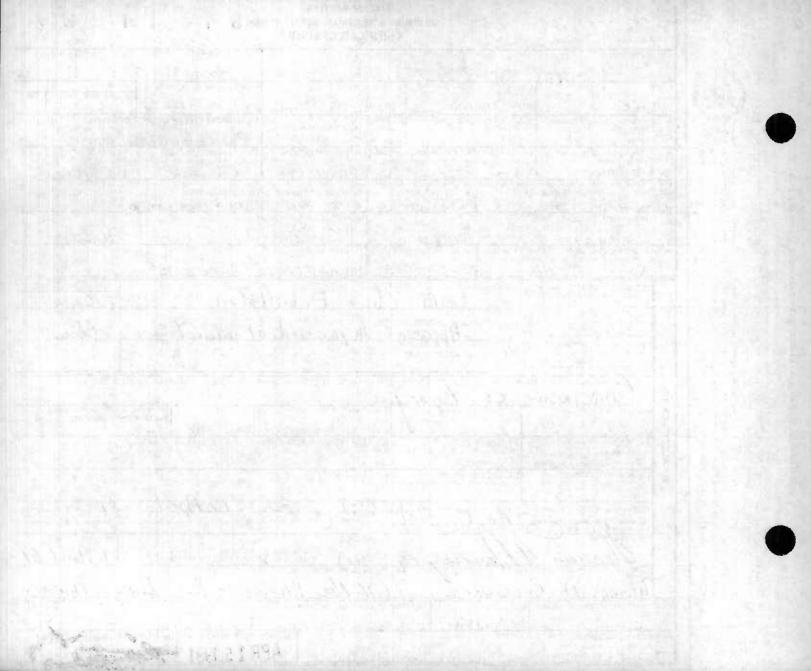


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4	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
ET. S.	1. DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- DEATH MATED 4-12-19-81
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3. SEX. 4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY 1 AND HOURS DAYS HOURS MIN. 1 AND HOUSE DEAD 4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY 1 AND HOURS DAYS HOURS MIN. 1 PRONOUNCED DEAD 4. PACE 1 MONTH DAY YEAR 1 HOURS 1 AND HOURS 1 A
NEGESSARY, UNERAL DIR. S. FOR YOUR WITHIN YOU WITHIN YOUR	76 BIRTHPLACE (STATE OR WHAT COUNTRY? WAShington D.C. 75 CITIZEN OF WHAT COUNTRY? WIDOWED TO DIVORCED PRINCE GEORGES MD.
RE, MD, 21201 EATH. IF ANY DELAY IS NI THE TO THE FU THE TO THE TO THE FU THE TO THE TO THE FU	10. CITY OR TOWN OF DEATH CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF HOSPITAL HOSPITAL 12. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR INDUSTRY OWN Home
21201 F ANY D AND 3 T RECORD	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY Prince Geo. 130. CITY OR TOWN 134. INSIDE (ITY LIMITS? YES 130. INSIDE (IT
RE, MD.	Jeremiah Middle Regan IS. MOTHER'S MAIDEN NAME FIRST MIDDLE Walsh'AST
HOURS AFTER DEATH. HOURS AFTER DEATH. M 18. GIVE PAGES 1, 2 NO WITH FORM PM 3 MIT. PAGES 1, 2 AND 2 ENE, DIVISION OF WITH.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1965. NO. OR UNIKNOWN) 167 YES, GIVE WAR OR DATES] 160. SOCIAL SECURITY NO. 17. INFORMANT 8225 DRIM Avenue 577 16 9790 Cornelius Regan Langley Park, Md.
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, RED TO THE CHIEF MEDICAL EXAMINER ALLONG WITH PORM PM 3. RE3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT PAGES I, ALAND 23; E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL OF PRICE TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) starting the under-lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 1.
VITAL RECO SHOULD BE I ORD "FENDI CHIEF AEDI E USED AS A T OF HEALTH	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOLDE AM MONTH DAY VEAD
DIVISION OF VITAL RE RE: THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PEI ORWARDED TO THE CHIEF M PRE PAGE 3 SHOULD BE USED A RE STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, CI	ONTRIBUTING CAUSE OF DEATH P.M. 19
#3484C	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STA-BALIMORE, MARYLAND, 21:	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Notytral causes , Accident , Suicide , Hamicide . Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 4-15-81
O MEDICA GECUTE TI AGE 4 SH O FUNER FITER DEA	EXAMINER'S NAME (TYPE OR PRINT) AUGUSTO P. ROdriguez ADDRESS 5009 Rayburn Ct., Ca, p Springs, md. 2003
5 (0 (BP)	236. BURIAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM FT MEYER ARLINGTON VA.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	HYATTSVILLE, MARYLAND P.A. 250 Date Rec'd. By Registrar 250 Registrar's Signature 1981 198

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		I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	LAST	REG. NO.	1 DAY YEAR 7b. HOUR
	be epth 3	(TYPE	OTT(o Nicholas	MA770	NT	APRIL 10.	1981 10:30PM
	mo)	3 SE	(4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	d de de	-	nale	CAUCASIAN	Api	1	66 Y	rs.
	deoth. Po	L	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRI		PRINCE GEOR	RES COUNTY MD.
101	by the filled with		ty or town of death	11. NAME OF HOSPITAL, NUTTER NOT IN SUCH FACILITY, GIVES	LO-C POIN	CE GEORGES Ctu.	170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK BRICK LAUSE	126. KIND OF BUSINESS OR
AND 21201	filled in could be	14	TATE IS LONG OF TATE IS LONG OF TATE IS LONG P. G	OR OTHER INSTITUTION, GIVE RESIDENCE I UNITY 13c. CITY OR LAND		13d. INSIDE CITY LIMITS?	1 10	OPD
MARYLAND	mpletely ond 2 sh	14 FA	CARMINE	MIDDLE LAST		15. MOTHER'S MAIDEN N	NAME	RUSSO
BALTIMORE,	n and ca		AS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT HANNA MAZZO	ADDRESS NAI SAME AS 134	
DIVISEA BANE RECHO TO STEM FEETON ST., BAN	that the death certificate d by the attending physici ease remave carban paper ol, cremation, or remaval.		PARTI. DEATH WAS CAUS	DUE TO, OR AS ACONS	Triccell EOUENCE DE ARMY	myo card	141 infaction	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 30444
E.R.colle, Tal	ow requires been signed mit. Then pl prior to buri	CERTIFICATION	PART OTHER SIGNIFICANT ARCHINON 190 DATE OF OPERATION		MU		RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200. YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
GOBON	HYSICIA nding p ns certif burial-t I Mental or frem	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER, NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2) COUNTY STATE
SIAIG	cal or other of the strength on the strength of the strength on the strength of the strength o	W	WHILE NOT WHILE AT WORK 22a. I certify that (1) (this has	pital) ottended the deceased fr	am 215 (201 19.90	0 , to 10 April	
	SPITAL OR ATT by the hospin LERAL DIRECTO be detached for store Dept. of ANT: If them 21		abayy (1) Dee) (did) (did n 27h SKOJA PORE 224 PHYSICIAN'S NAME (139)	noti) lew the body after death.	a	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	TO HOSPITAL of retained by the TO FUNERAL I should be detained in the State (IMPORTANT; if	23g P	THOMAS A-	BENSINGER 1	76	LEMETERY OF CREMATOR	upshire Ave 1	LANGLEY ATICALS
0	7-0 BP		Burial	14 April 1981	Ft. Linco		BRENTUMD	PG MD
	DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR NAME RANT F.H. 9013	ANNADOLIS ROL.	Esc	25a. D	ATE REC'D. BY REGISTRAR 256. RE	



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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		CEASED NAME OR PRINT)	FIRST	~	H.		Daniel, Jr.	2a DATE OF DEAT	04-1	DAY YEAR	26 HOUR 9:12AM
100	3. SE	MALE		RACE WHITE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7	Wa	RTHPLACE (STATE OF Shington	D.C.	U.S.		MARRIE			Y OR COUNTY CE GEOR	GE'S	MD.
4	(TY OR TOWN OF DE		PRINCE (GEORGE STREE	GENER	CAL HOSPITAL (POA) Br			Employed
1	13a S M	AL RESIDENCE (IF NUE	THE COUNT		GIVE RESIDENCE BEFOR 130 CITY OR TOV Hyatts	ville	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRE	Saverto:	n Drive	9
1		George	G.H	Mc	Daniel,	Sr.	Mary FIRST	WE ME	Ē	Brookŝ	st
		VAS DECEASED EVEI YES NO OR UNKNOWN)		MED FORCES?	577 28		Eleanor I. M		Same as	s #13	(Wife)
7	CERTIFICATION	Conditions, if on gove rise to im couse (a), statu underlying cous PART 2. OTHER SIG	nmediate ng the e last.	(c) ONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR C	20b. IF YES	EN IN PART 10	NGS USED
7	MEDICAL CERTI	210. ACCIDENT WAS UN OR CONTRIBUTING U (IF EITHER NOTIFY MED 21d INJURY OCCUP	CAUSE OF DEAT	P.A 21e PLACE C	M. MONTH D M.	19	21c. HOW INJURY OCCUR		and a	S COUNTY	NO []
	٧	220. I certify that (I sow the deceo obove, (II) was the Angus The Signal Line) (this hospital sed alive on_ (did) (did not)	ri) ottended/the	deceased from.	7/or	ad that in (my) (awr) opinion DEGREE ATTENDING PHYSICIAN [122e. ADDRESS] 3415 HAMILT	MEDICAL DIRECTOR PHY	STAFF SICIAN [171. DATE	1/8/
	23a. B	SURIAL, CREMATION SPECIEVE UTIAL	, REMOVAL	23b. DATE 4/14/8]			emetery or CREMATORY coln Cemetery	23d. LOCATION Brent	wood 1	P COGNIY	Md.
	24 1	rances Gas Hyattsvi	sch's S	ons Fur	neral Ho	me, P.	25a. DA1	BAR. O'BAKE GIRT	AR 25b. REGIST	RAR'S SIGNAT	TURE

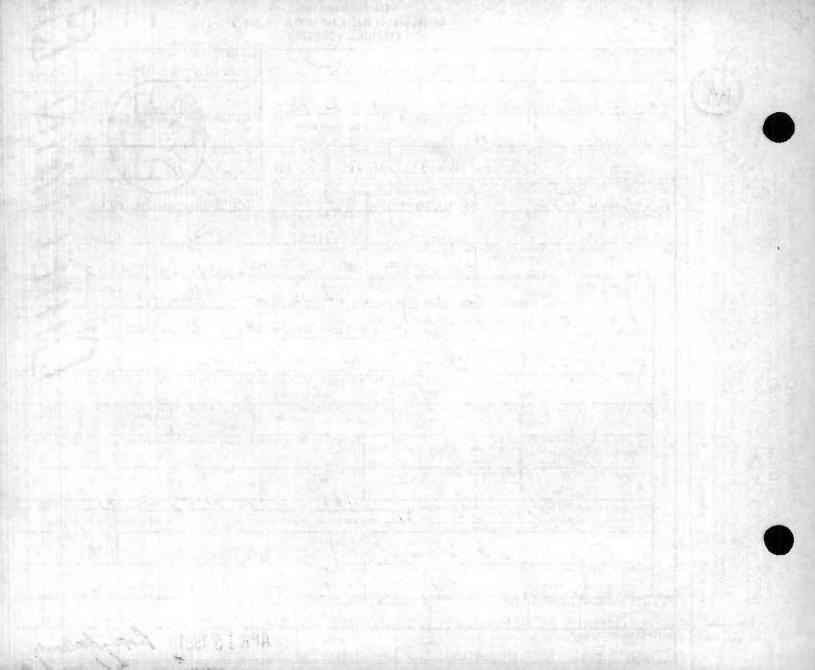
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ALICE D. MCDONNELL FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 26 HOUR DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 24 HOUR 4. RACE IF UNDER 24 HRS DATE PRONOUNCED 70. BIRTHPLACE (STATE OR BALTIMORE CITY'OR COUNTY OF DEATH COUNTRY2 MARRIED | NEVER MARRIED FOREIGN COUNTRY) MASS. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION STYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY ADELPHI 3400 CHATHAM HOMEMAICE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MAURICE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) ECKER 3400 CHATHAN ALONG WI CAUSE OF DEATH (Enter only one couse per for (a) (b), and (c).) USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OF AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [NO TA E 3 SHOULD BE I BE 21a EXTERNAL CAUSE WAS OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF COMP HOUS AND MONTH He PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FATTORY, FARM, ETC.) NOT WHILE AT WORK time 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY) DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME A gusto P. Rodriguez, ADDRES 009 Rayburn Ct., Camp Springs, Md. 23d BURIAL CREMATION REMOVAL 23b. DATE uch Cemillery THE PATE REC'D BY REGISTRAR THE REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80

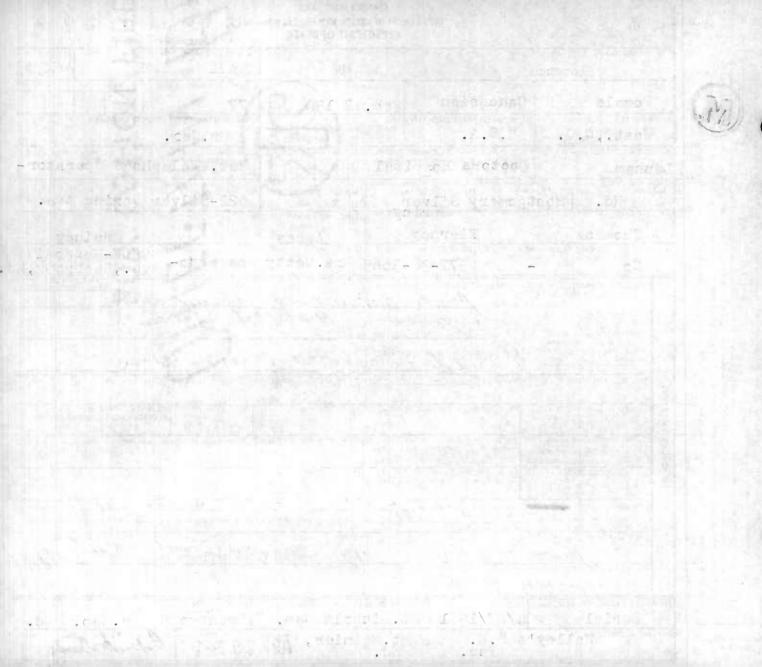
STATE OF MARYLAND

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6			1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MAI MENT OF HEALTH A CERTIFICATE (ND MENTAL HY	GIENE 8	NO.	1 2	3 3
				CEASED NAME FIRST	EST TH	WIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
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6	NAP.	1	3 SE		4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS.
5	SEED II	1	F	EMALE	CAUCAS	IAN	MARCH 14			O YRS.	MONTHS DAYS	HOURS MIN.
	67 8	.0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED NEV		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	27.0	07		EW YORK	US	4	WIDOWED	DIVORCED		Prince	George	e's MD.
ie.	with	0-	10. C	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	12a USUAL OCCUP		12b. KIND O	F BUSINESS OR
o s of	ited ited	03	I	anham	Doctor	S Hospita	al of Pr.	Geo. Co.	HOUSEW	11	E) INDUSTRY	
212 hour	d in	01	USU. 13a. S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE		DE CITY LIMITS?	13e. STREET ADDRES			
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RYL Athur	2 sh	, ,		THER'S NAME	WIDDLE	LAST	15. MOTH	HER'S MAIDEN NA	ME		- LAS	THE STREET
MAI NE	ond	00	11/2	ANTHONY	Middle	KAYSER		Alice	Ř.		CARN	
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BALTIMORE, MARYLAN EXAMINER ofe be executed within 2	pers pers		21	18 CAUSE OF DEATH (Enter	only one cause p	er line for (a), (b), and	d (c).)	1 1	0 - 0		BETWEEN	MATE INTERVAL ONSET AND DEATH
ST., B	emo even			PART 1. DEATH WAS CAU	SED BY: IATE CAUSE (0)_	andra	fore s	hoch +.	krown de	rage		
OIC h ce	arba or r			4140		OR AS ACONSEQUE	NCE OF		1 0			
MEDIC	otter bve tion,			Conditions, if any, which	()661	diffus	10 1 m	veryo	May U	rolon	2	
¥ SZ v	by the ase rem al, cremo			gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	OR AS APONSEQUE	Link	Least	disinse			
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I RECORDS, TO PM he law requir	has bee r permit. ene prior	2	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
VIII ED	ransit p Hygiei 18 shov	0	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH DA	21c. HOV	W INJURY OCCUR	RED (ENTER NATURE OF I	NURY IN ITEM 18 P	ART I OR PART 2)	
AS AS	riol-tr entol		AL	OR CONTRIBUTING CAUSE OF I	DEATH	P.M.	19					
RELEAS NG PHYSICIA	his c		MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F.	211. LOC	ATION	CITY OR	TOWN	COUNTY	STATE
RE Potter	s the		×	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFFICE, F	ARM, ETC)		14.	- A1 6	2	J. A.
9 0	se o se o eolit		34	22a.1 certify that (I) (this ho	pital) attended	the deceased from	196	, 19	, to	10	19	that (1) (we) last
R ATTENI	for to of H			saw the deceased alive abave, (1) (we) (did) (did	on not) view the hor	y ofter death	, and that in	(my) (aur) apinion	death occurred on the	date and hou	r and from the	causes stated
× -	hed ept.		-1	22b. SIGNATURE	()	10	DEGREE	n	/		22c. DAYE	SIGNED
	detoc detoc		13	9 Com	r St	actives	y w	ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN [141	9/81
SPIT.	01 4 fb	1	13	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	/	22e ADE	ORESS			/	= 1 - (- 1 - 1 - 1
HOS	should be d with the Sta			JAMES W. HA	RDING. M	1. D.	600	5 Landov	er Road, C	heverly	Md.	
1 000	5 4 3 X			URIAL, CREMATION, REMOV			AME OF CEMETERY		23d. LOCATION			
6 / CBP			-	BURIAL	II And	1 81 Ft	Lincoln	CEMETER	BRENTH		PG COUNTY	mD
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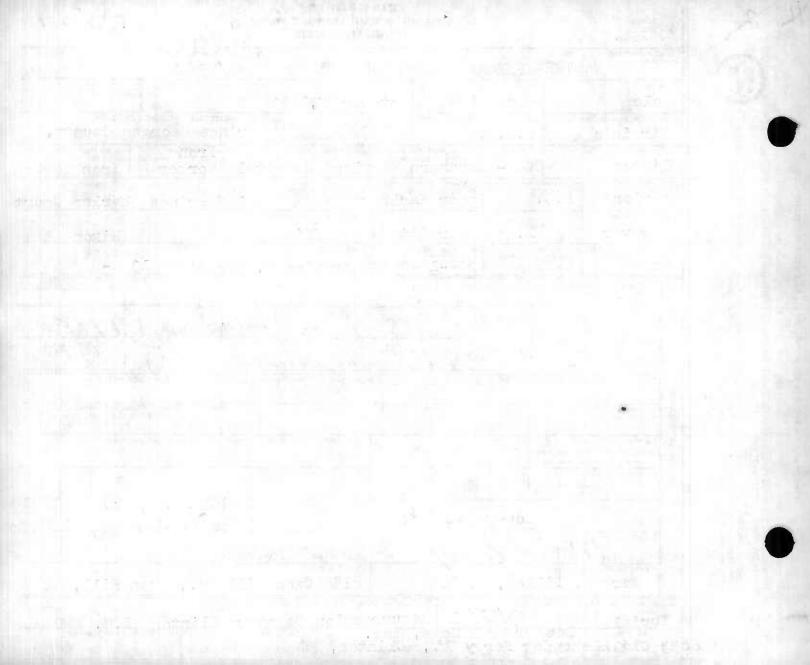
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2. DATE OF DEATH I DECEASED NAME MONTH **TTYPE OR PRINTI** WALTER MEREDITH 04/15/81 BERMAN 2 · 04 AM 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX October 23, 1923 HOURS male caucasian BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? A BIRTHPLACE ISTATE OR FORFIGN MARRIED NEVER MARRIED Virginia Prince Georges County, MD U.S.A. DIVORCED [IR CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR A - Southern Maryland Hospi INDUSTRY Clinton Worker tal Iron Works USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) pper Marlbdra 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 10305 Prince Charles Court IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Grover Meredith Effie Hixon ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 66 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as IYES, NO OR UNKNOWN] (E YES, GIVE WAR OR DATES) 229-18-0030 yes A-社 Lorraine T. Meredith 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause to), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO YES T NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 f certify that (1) (this haspital) attended the deceased from_ APRIL , and that in (my) (aur) apinion deoth accurred on the dote and hour and from the causes stated sow the deceased alive on_ obove, (I) (we) (did) (did not) with the body after death 226 SIGNATURE DEGREE 77r DATE SIGNED ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN TO FUNER should be d with the St 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Mark H. Pillor. M. Oxon Hill Rd., Oxon Hill. MD 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 234 LOCATION Resurrection Cemetery Clinton Buria P.C. Lee Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR OHMH-16 25M6 633 Old Alexander Ferry Rds, Clinton, MD



STATE OF MARYLAND

FOR

(VR A 15 (4))

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335	3. SE	MALE	CAUCAS	160)	5 DATE OF E	O PA	1900	AGE (IN YEARS LAS	T BIRTHDAY) YRS.	MONTHS DAYS		AIN .
		RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.	HAT COUNTRY?	MARRIED WIDOWED	NEVER M.	ARRIED	PRINCE	/ .	rof death		MD.
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xecuted will complete and 2 sh		BENJAMIN	MIDDLE	MIĞDAL		SARA		MIDD		RTAINA	SLE)	
ALTIMORE cate be exercised and consistent and construction and constructi		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	578-01-1		LE-THA-		- 1	BARROW		XWATE INTERVAL HONSET AND DE	1cMD
v requires that the death ce as signed by the attending I hen please remove carbon to burial, cremation, or re ny injury, or other trauman	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	M&W		NAL DISEASE OR C	ONDITION GI	IVEN IN PART 1	·(o:	_
DIVISION OF VITAL RECORDS, IDING PHYSICIAN: The law rec strending physician. After this certificate has been sis ss the burial-transit permit. Then lith and Mental Hygiene prior to 1 marked or Item 18 shows any ir	CERTIFICATION	19a DATE OF OPERATION		ON FOR WHICH				200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES		,
NG PHYSICIAN: The nding physician. Iter this certificate hare burial-transit perrand Mental Hygiene ricked or Item 18 sho	MEDICAL CE	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	MONTH DA	Y YEAR			D (ENTER NATURE OF	INJURY IN ITEM 18.	PART I OR PART 2]		
DIVISION IDING PARTER THE SS THE BUTTH AND IN THE STREETH AND IN THE	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF	F INJURY T. FACTORY, OFFICE, F	ARM, ETC)	STREET	00	CITY O	Town	COUNTY	STATE	
OR ATTEN hospital or a DIRECTOR: a hed for use a bept. of Heal If Item 21 is		22a I certify that (1) this hospi saw the deceased alive on above, (1) (we) (did) (did no	MARRIL	19 2	1		our) opinion de	oth occurred on the	ne date and ha		1	
		22b. SIGNATURE	/		M	PI	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	47 d	181	
TO HOSPITAL retained by the TO FUNERAL should be detected with the State I IMPORTANT:		MARIC H.	216	M.D.		ADDRESS	GEORG	SIA A	UE, S	XLUER	SPRI	1267
600BP	(4	urial, cremation, removal SUKTAL	4/5/1	981 MO		BANON	CEMETER	23d LOCATION CITY OF TOWN	HI, PR.	GEORGE	es, Mo.	
DHMH-16 25M (VRA 15, 4) 1/79		MONADDECHOR STEIN 232 CARROLL STR		WEMORIAL W., WASH	FUNERA INGTON,	L HOME	E 25a. DATE	PR 7 REGIST	RAR 256. REGIS	TRAR'S SIGNA	TURE	

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Female v.c. May 6,1306 74

Maryland U.S.A. Prince Georges

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Maryland P.G. Bowie 2809 Sudberry Line

George Shank Myerta Amburn

Bowie, Mr. 11er,2809 Sudberry Line

John Cosma

Burial 4/25/1901 Tinity Greens Cem Walcorf, Marylan Beall Funeral Home...
16000 Enn polis Rr., Bowle, Mc.

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 04 - 06 - 811:05AM IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 5561 Franklin Manor Blvd, Galloway 215-58-8139 Mrs. Olive Williams Upper Marl. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mountes 10008 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and from the causes stated 22c. DATE SIGNED ArTington Va.STATE Arlington National Burial 24 FUNERAL DIRECTOR Beall Funeral 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NAME 16000 Annapolis Rd. Bowie. Md.

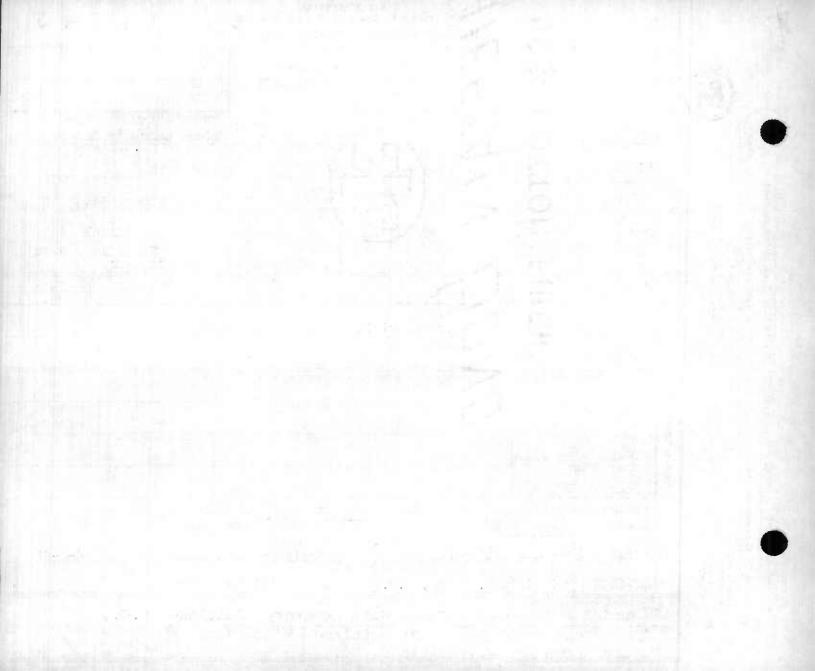
Cucasian m 6- 29- 1881 Femle Section 1 Torie Harch 556] Franklin Manor Blvo Ann runce Charciton Galloway Lilly Ch Mocks IIIII Sedton St. 215-58-8198 Mrs. Olive Williams Joner Marl, Mc

al Laber Arlington National Arlington Scall Function Scall Function Scall Function Scall Force 1600 Annagolis Fc. Bowie, Mc.



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A PLEA PRECTOR	3. SEX	CC V	White	5. DATE OF BIR	AY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER		2c. DATI	E NCED	MONTH	DAY	1981 YEAR	2d. HOUR 0:22
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ELAY IS N FO THE FU P PAGE 5 S, 201 W.	(Virgin TY OR TOWN O		11. NAME OF F	OSPITAL, N HEACILITY, GIVE 'N Mary	URSING HOME, C STREET ADDRESS)	or other	INSTITUT		12a USU	AL OCCU	PATION (T)		12b. K	IND OF B	
MD. 21201 H. IF ANY DELA H. 2, AND 3 TO 1 M. 3. REFAIL PR 2. SHOULD BE TALKECORDS.	13a. S	AL RESIDENCE (I	THE GOULD	OR OTHER INSTITUTION	I, GIVE RESIDENCE 13c. CIT	Y OR TOWN Hill	13d	I. INSIDE CIT	NO 🗌		I A	ESS Llent	own	Rd.		
" Z'OS 73/0/1	La	THER'S NAME FIRST		B.		Mitchell 15. MOTHER'S MAID Mitchell Chris This SOCIAL SECURITY NO. 17. INFORMANT					tine Frank					
BALTIMORE, JRS AFTER DEAT 8. GIVE PAGES WITH FORM PA 1. PAGES I AND DIVISION OF A	160 V	NO, OR UNKNOV		RMED FORCES? (E WAR OR DATES) Inly one cause per	1	ocial security none				ell,	Gra	andfa	àme ther	as ,	Abo'	ye .
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. FF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) s lying caus	s, if any, which the tall immediate stating the under the last.	b DUE TO,	Gastro ORASACO	ONSEQUENCE OF Denteriti ONSEQUENCE OF		CONDITION	GIVEN IN PAI	RT 1 o						
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PREGE 4 SHOULD BE FORWARDED TO THE CHIEF N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. BATTER DEARTMENT OF HE BATTER DEARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE STATE DEFARTMENT OF HE SHOULD BE USED.	100	22a I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d Iram: Note	rge al the remains viral couses XX,	Accident	Suicie	M.D.	Hamici TITLE (SP ASS	istan	Undete		anner MINER	DAT SIGI	Ē	4-8-8	31
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DHMH - 17 (VR A15 ME (5)) 15M2/80	24 F	UNERAL DIRECT NAME Funera	Robt 1	E Wilhe Rd.		1308 Su tland,		nd ²	STATER	REC'A BY	REGISTR/	AR 256: REC	SISTRARS	SIONA	TURE	



TO HOSPITAL CANTENDING PHYSICIAN The low requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

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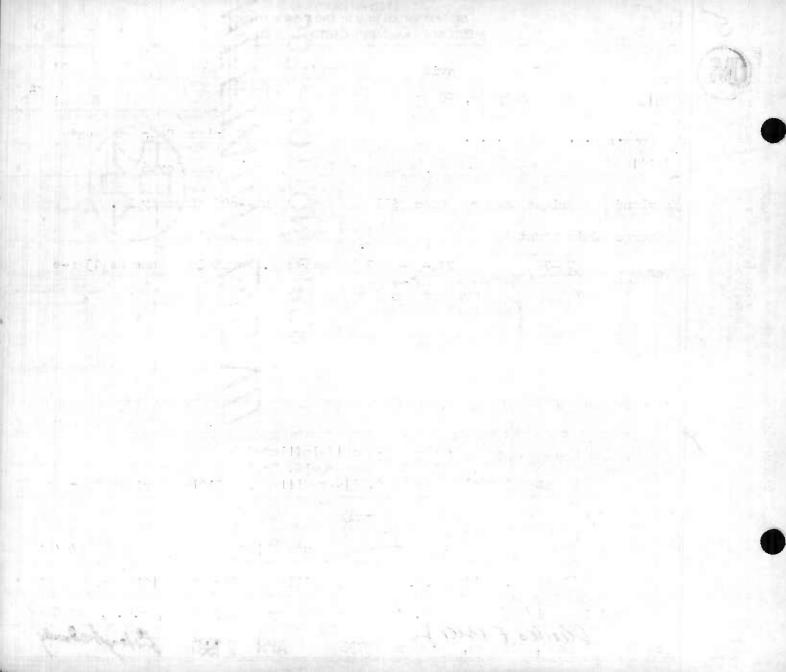
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) ESTI-1981 8 DEATH MATED George Dawid Mountain 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX DATE OF BIRTH DAY 6 HOUR IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) 26. PRONOUNCED July Male White DEAD 8 1081 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED & Prince Georges County WIDOWED Wash. D.C. ORD "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO THE FULL MEDICAL RANNING ALONG WITH FORM PM 3. RETAIN PAGE 1. USED AS 8 BURIAL - RRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OFWLAL RECORDS, 201 WIRL, CREMATION, OR REMOVAL. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) (auto) B-Road bet for MOST OF WORKING LIFE)

Meadowview Dr. & Silver Hill Rd. Unemployed 10. CITY OR TOWN OF DEATH Suitland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 2805 Kingsway Rd Prince Ceorge Oxon Hill 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Sandra Hardester George Edwin Mountain 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-58-0273 Same as George E. Mountain APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE CHIEF AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR, TO BURIAL, YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR HOUR A.M. MONTH DAY YEAR UNDERLYING self-inflicted MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 8 1081 21e PLACE OF INJURY Meadowylew 21d INJURY OCCURRED LAT HOME NOT WHILE BARSad Silver Hill Rd. Suitland Prince Georges MO AT WORK bet AT WORK Autapsy X 220. I certify that taak charge of the remains described above, held at Inspection Inquiry and in my apinian Suicide XX Natural causes Hamicide death resulted Accident Undetermined manner Deputy Chief 4/9/81 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED. EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street, Baltimore, MD. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cheltenham, P.G. Maryland /10/81 Md. Veterans Cemetery Rurial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S 5KG 24 FUNERAL DIRECTOR A DHMH - 17 Home, Clinton. Maryland 20735 (VR A15 ME (5)

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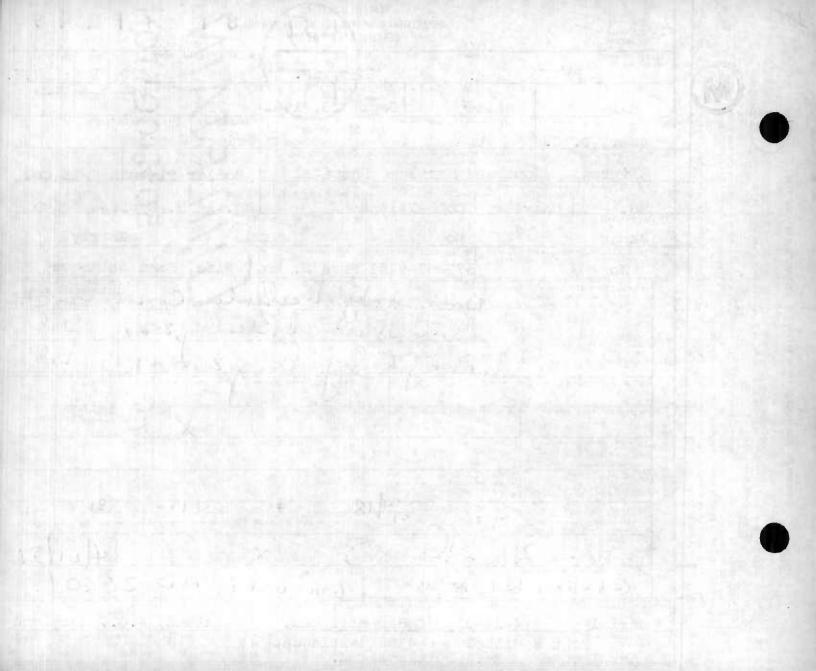
STATE OF MARYLAND



Rd., Suitland, Md

Funeral Home

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Morma DEATH MATED 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 3 DEAD WITHIN 78. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED XXNEVER MARRIED USA DIVORCED Missouri WIDOWED -AG. W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO TH 3. WITH FORM PM 3. RETAIN PAGEN AIT, PAGES 1 AND 2 SHOULD BE FIL E, DIVISION GEVITAL RECORDS, 2 Prince George General Hosp Cheverly. Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS St. Mary' 128 Esperanza Maryland exington Park NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Virgie Idella Martin Oscar John McCormick 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. 5121 Reyhosa Drive (YES, NO. OR UNKNOWN) 487-38-1607 Herbert Murch St. Louis, Mirsouri No CATE, WRITING THE WORD "PENDING" IN PENCIL IN THE STORE ALONG WITHOUT THE CHIEF MEDICAL EXAMINER ALONG WITHOUT STACE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO P 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21a PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF STREET, ACTORY, FARMETC.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Natural couses death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME lugusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, Md. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Valhalla Cemetery St. Louis : Co. Missouri BP Burial 74 FUNERAL DIRECTOR Metropolitan Emperal Service Inc. 250. DASA REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5) Alexandria, Virginia 5517 Vine Street 15M2/80

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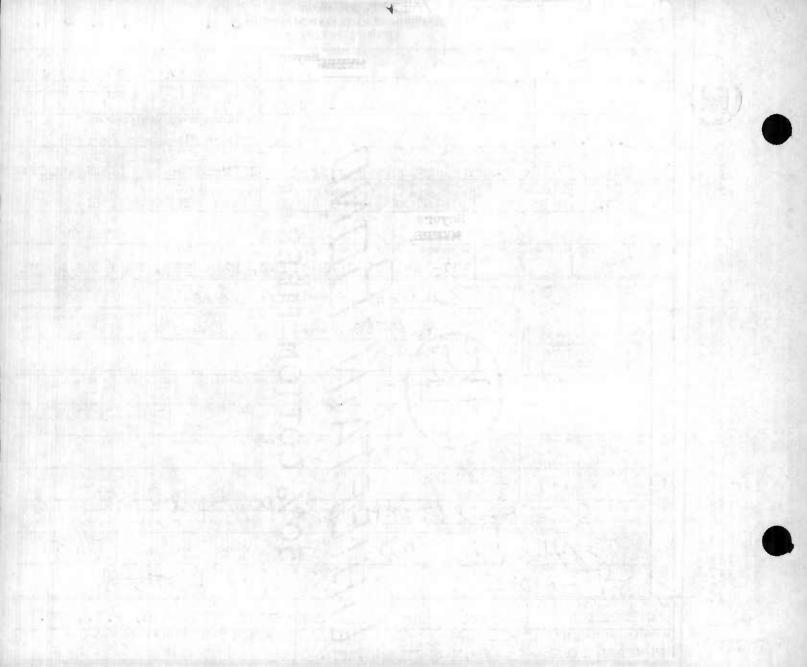
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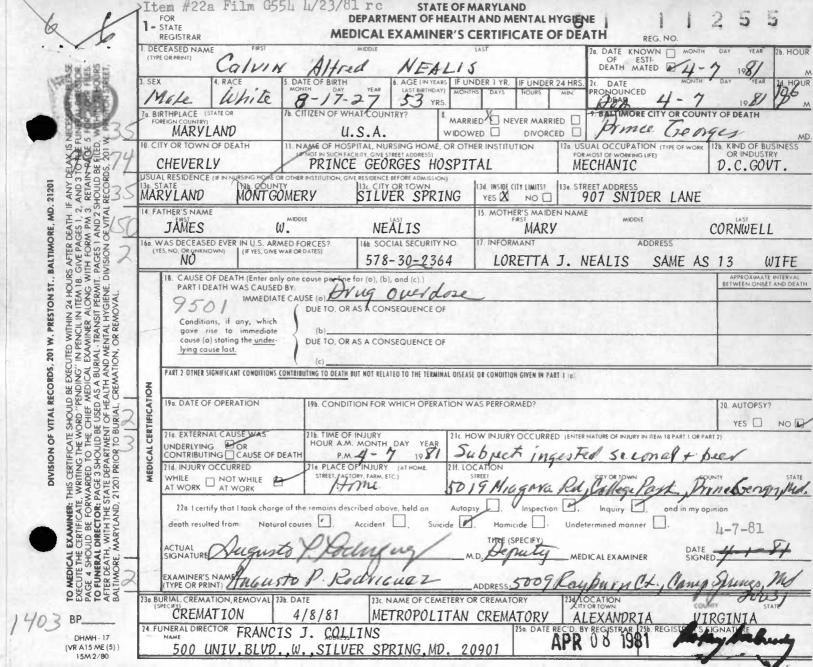
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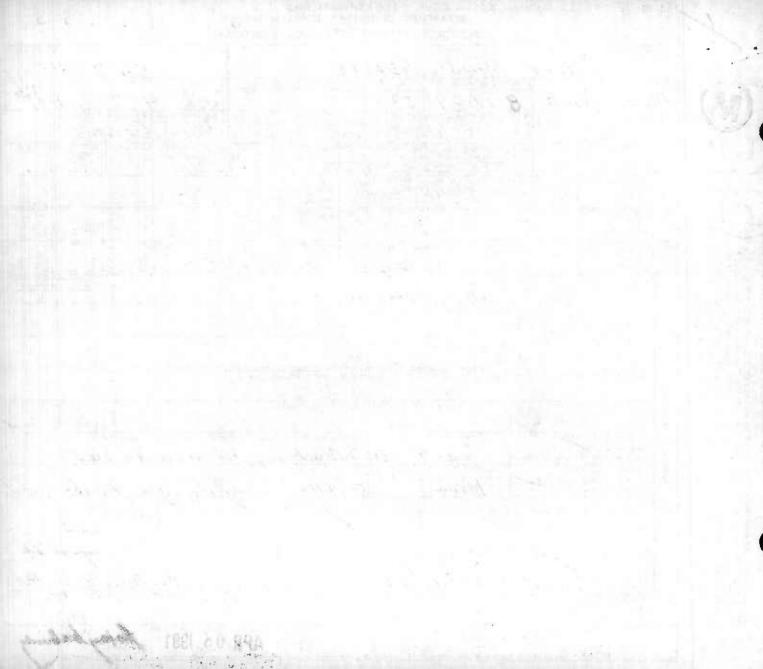
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DIRECTOR: After this certificate hed for use as the burial-transit pospt. of Health and Mental Hygis If Item 21 is marked or Item 18		196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. JIF EITHER, NOTHY MEDICAL EXAMINER 216. INJURY OCCURRED	21b TIME O ATH HOUR A. 1) 21e PLACE (AT HOME, STR ital) attended the	FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.]	21¢ HOW INJURY OCCURR 21¢ LOCATION STREET . 19 73 d that in (my) (our) apinion of	200 AUTOPSY? YES NOW CITY OR TOW 10 April 200 10 April	206. IF YES, VIN CERTIFYIN YES IN TEM 18, PART	WERE FINDING CAUSES (ST hat (I) (vauses sta
RECTOR: After this certificated for use as the burial-transit p.p. of Health and Mental Hygie Item 21 is marked or Item 18		196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. IJF ETIMER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceased alive an obove, (1) (we) (did) (did no	21b TIME O ATH HOUR A. 10 P. 21e PLACE (AT HOME, STR 21c) view the body 21 view the body	FINJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.]	214 LOCATION STREET 19 73 d that in (my) (our) apinion of DEGREE	200 AUTOPSY? YES NOW CITY OR TOW CITY OR TOW AMEDICAL STAF	206. IF YES, VIN CERTIFYIN YES IY IN ITEM 18, PART	COUNTY COUNTY	ST/ hat (I) (wassessta

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Rockville, Md. 20850

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

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(VR A 15 (4))

George R. Snowden

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	1/201				1003500	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) NOGLE HOWARD DWIGHT 81 DEATH MATED 4-30 19 6. AGE (IN YEARS 24 HOUR 3. SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD DOA WHITE 03-26-26 MALE 55 04 - 30 -1:33 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY! USA Maryland WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince Georges Hospital DOA Hardware Salesman Cheverly Hardware SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Landover 7308 Annapolis Road Prince Georges NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Walter Nogle Cleta Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Landover Md. (YES, NO. OR UNKNOWN) 220 16 7091 7308 Ammapolis Rd. Yes WW Mrs. Howard D. Nogle 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Exsanguination DUE TO, OR AS A CONSEQUENCE OF TRANSIT Erosion of the left Carotid Artery Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF CARCINOMA of the esophagus with metastasis cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 USED AS A E CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, RDED TO THE C 3E 3 SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TE PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certily that I taak charge of the remains described above, held an Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) Deputy_MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME Augusto P. Rodriguez, (TYPE OR PRINT) 23d LOCATION 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE LITY OR TOWN Burial Dawson Cemetery Allegany Dawson DATE REC'D BY REGISTRATE & REGISTRAR'S SIGNATURE **DHMH-17** Markwood Funeral Home 111 S. Mineral St. Keyser (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH TYPE OR PRINT) ESTI-Dianna DEATH MATED 19 Sharon Noble SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 12:25 PRONOUNCED . IF ANY DELAY IS NECESSARY, F 2, AND 3 TO THE FUNERAL DIRE 3. RETAIN PAGE 5 FOR YOUR 2 SHOULD BE FILED, WITHIN 72 H Oct. 11, 1962 White 19 10 81 Female 18 DEAD D . M 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Carolina U.S.A. Prince George's County WIDOWED [DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Own Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife N 24 HOURS AFTER DEATH. IF ANY DELAY NITEM 18. GIVE PAGES 1, 2, AND 31 OT ALONG WITH FORM PM 3. RETAIN PAC IT PERMIT. PAGES 1 AND 2 SHOULD BE FIT TERMIT. PAGES 1 AND 4. RECORDS, 2 IYGIENE, DIVISION OF WIA RECORDS, 2 Prince George's General Hospital Cheverly USUAL RESIDENCE (IF IN NUISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Solomons 13d. INSIDE CITY LIMITS? P.O. Box 147 Maryland Calvert NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jean Shirley Webb Sellers Marvin Douglas 17. INFORMANT ADDRESS 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! Marvin Douglas Webb Same as #13 247 31 4446 (Father APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Blunt injury to Head IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL FOR THE MEDICAL EXAMINER THE PENTING THE MEDICAL EXAMINER THE REALLY WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO! Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) driver of van that lost control, overturned HOUR KM. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 1:33 P.M. 18 and ejected subject 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) NOT WHILE Cove Pt Road. Lusby, Calvert County. MdAT WORK road 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Accident XX Hamicide Undetermined manner Notural causes TITLE (SPECIFY) 4-20-81 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME III Penn Street Baltimore, Md. Virginia L. Dolan, M.D. 136 BURIAL CREMATION, REMOVAL 236. DATE 4/23/81 23d LOCATION STATE Charleston Charleston S.C. BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTERAR'S SIGNATURE 14 FW Fahors Gasch's Sons Funeral Home, P.A. Minh **DHMH-17** Hyattsville, Maryland (VR A15 ME (5)) 15M 2/80

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y po	3. SE	* Male	4. RACE White	S. DATE O	st 37, 190%	6. AGE (IN YEARS LAST BIRTHDAY) 74		IF UNDER 24 HRS HOURS MIN.
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offer d	10. €	CHEVERLY	11. NAME OF HOSPITA PRINCE GEOR	, GIVE STREET ADDRESS)	ROTHER INSTITUTION RAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Trucking	G CIFE) F INDUSTRI	Transport
AND 212	13a.	AL RESIDENCE (IF NURSING HOLED STATE 131 COU Tyland Prince	NTY Georges R	Y OR TOWN iverdale	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 6831 Riverdale		
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IMORE.	160	VAS DECEASED EVER IN U.S. A.		CIAL SECURITY NO.	Mrs. Rose No	vry Same as	No. 13	
RDS, 201 W. PRESTON ST., BAI equires that the death certificate signed by the ottending physic Then please remove carbonopope to burial. cremotion, ar removal. injury, ar other froumatic event, the	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	ED BY: LITE CAUSE (b) CA DUE TO, OR AS A C (b) CH DUE TO, OR AS A C (c)		WATE INTERVAL ONSET AND DEATH			
AL RECORDS. The low required.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDIN RTIFYING CAUSES YES [NGS USED OF DEATH?
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AL OR ATTENI v the hospital AL DIRECTOR. detached for us of Dept. of He.		saw the deceased alive or above, (1) (we) (did) (did n 27b. SIGNATURE	pt) view the body after de	19 <u>8/</u> , on	d that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAFF		couses stated
TO HOSPITA TO FUNERA TO FUNERA should be de with the Stot		220 PHYSICIAN'S NAME (TYPE	AZU		Pro ADDRESS HO	spilal Ch	y bor	h BOCOLH
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DHMH-16 30M 2/80 (VRA 15, 4)	24 F	uneral director Donald 2 Carroll Street	d M. Stein H et, N. W. W	ebrew Memo lashington,	rial F.H. 25APA	R 2 3 1981	GISTRAR'S SIGNAT	URE

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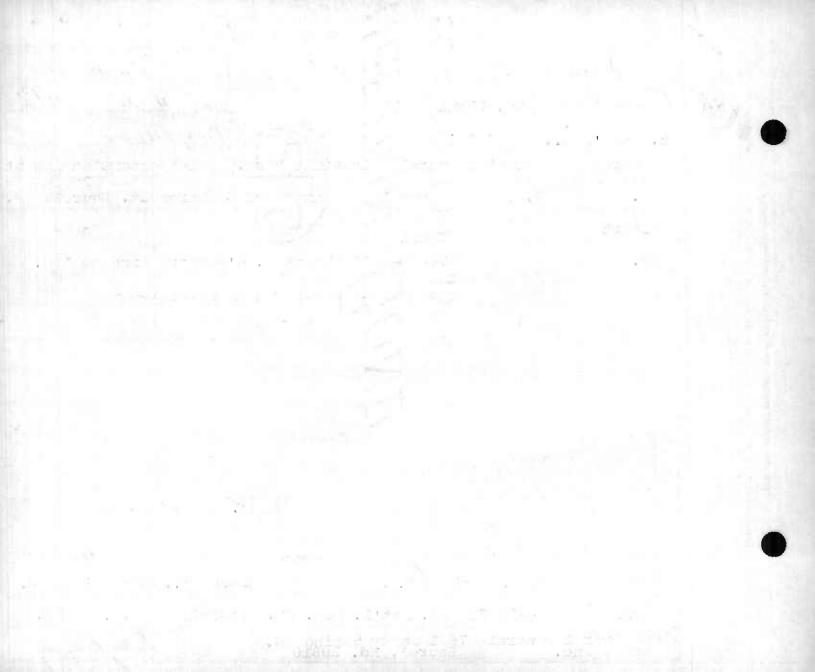
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)/	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	N.
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AL.		PART I DEATH WAS CAUSED	D BY: IE CAUSE (o).	aceratio	n of	the aort	a			BET WEEN ONSE	I AND DEATH
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j	1	19a DATE OF OPERATION		HOIVIOR WINCH OF	ERATION WA	AS PERFORMED?				20 AUTOPSY	?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Connor 1981 IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DA-BEAD 27. V909 ISTATE OR d. To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEAT NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED WIDOWED V St. Mary's Co. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
SalespersonClothing St Greater Laurel Beltsville Hosp. Laurel RECORDS ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20810 Md. 136 COUNTY G Laurel 13d. INSIDE CITY LIMITS? 106 Sharon Ct. Laurel. Md. YE XX DIVISION OF WITAL 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME N LAST Agnes MIDDLE MIDDLE Bobee Albert PAGES 1 AND Ceci 1 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO. OR UNKNOWN) 578-30-9433 Thomas M. O'connor as 13e. Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ligre far, (a), (b), and (c). BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ten plente androverelandeloca AND MENTAL HYGIENE. IMMEDIATE CAUSE (OR REMOVAL DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN USED AS A E CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge af the remains described above, held on Autopsy and in my apinian Hamicide Undetermined monner Notural causes Suicide TITLE (SPECIFY) otheau Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodniguez M.D. 5009 Rayburn Ct., Camp Springs, Md. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Md. P.G. (SPEBurial Laure1 4/23/81 Md. Nat'l. Mem. Pk. Fleck Laurel Funeral Poress 7601 Sandy Spring 250. DATE REC'D. BY REGISTRAR 256. REGISTRAL SIGNATURE **DHMH-17** (VR A15 ME (5)) Inc. Laurel, Md. Home.

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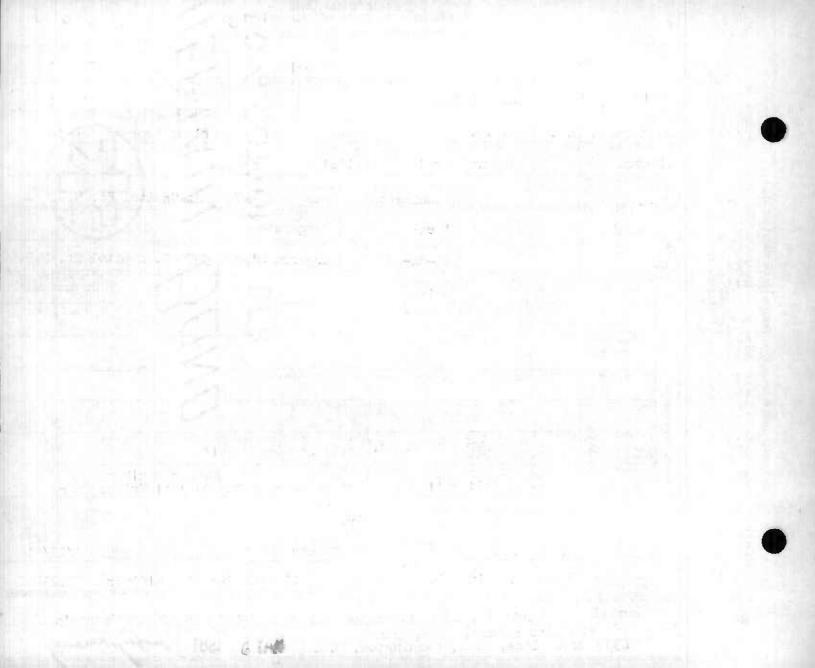


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Huntz Funeral House, welderf, Jamyland

		- 5	OR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											5			
35	1 × 2 × 2 × 1		EASED NAME OR PRINT)	Fred			MIDDLE		-34	O'Nea	20. DATE KNOWN A MONTH OF ESTI- DEATH MATED 4						22 ₁₉ 81			
RY, PLEASE	DIRECTION ON STRE	3. SEX Ma	ie	Black	S. DATE OF MONTH	12	1955			NDER I YR.	HOURS	24 HRS. MIN.	PRONOU DEA	D	4	2	2 19 81	6 21 P M		
• Foress	H NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PESTON STREET	Was		n, D.C.	U.S	76. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED □ NEVER MARRIED ☑ 9. BALTIMORE CITY OR COUNTRY? WIDOWED □ DIVORCED □ Prince Georges							es C	County MD						
FLAY S	對表例	CII	nton							ta l	MOITION		MOST OF WO		(TYPE OF W	ORK 12b	OR INDUS	JSINESS RY		
. 21201	AND 3 HOULD SECOND	13a. ST		(IF IN NURSING HOME O	OR OTHER INSTIT	IUTION, GIVE	13c. CITY	or town		13d. INSIDE (t Cap	oitol	l St. N.E.				
ORE, MD	AND 2 S	Ra	THER'S NAME FRST YMOND		MIDDLE		O'Ne				er's MAIDE FIRST Baret	EN NAME		MIDDLE		Ne	winan			
ALTIMO	SIVE PACES 1 VISION O	16a W (YE	S, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCE WAR OR DATES	S?)		B4-09		Marga		Nea	1 39	70 E.		itol	itol St. N.E.			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOUID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY	FINE THE WORD "PENDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 31D THE WORD "PENDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 31D THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN THE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN THE	7	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: Hanging												etween ons	T AND DEATH				
TTAL RECO	ORIAL, CREAT	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							21	20 AUTOPSY? YES X NO							
ON OF V	ARTMENIOR TO BI	CAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Subject hanged self																	
DIVIS	WRITING WARDED WAGE 3 SI ATE DEP	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WALLE	v S1		DRY, FARM, ET	(AT HOME,		CATION STREET	George	es Co		par M Jail				state es,MD		
O STANIAR	EXECUTE THE CERTIFICATE, WRITING THE WORLD FACE 4 SHOULD BE FORWARDED TO THE CITY OF UNIVERSITY STATE DEPARTMENT OF MAINTHE STATE DEPARTMENT OF MAINTHE STATE DEPARTMENT OF THE CITY OF TH		ACTUAL SIGNATURE	llo	Autopsy (A). Inspection															
	BP DHMH - 17 VR A15 ME (5)) 15M 2/80	(5)	Buri Buri	TION, REMOVAL	April S Fun	30,	1981 Home	Washi	ngto	or cremati n Nati	ORY	23d. LC City Su:	CATION itlan	id Pr	ince	Geo:	rge's	TATE		



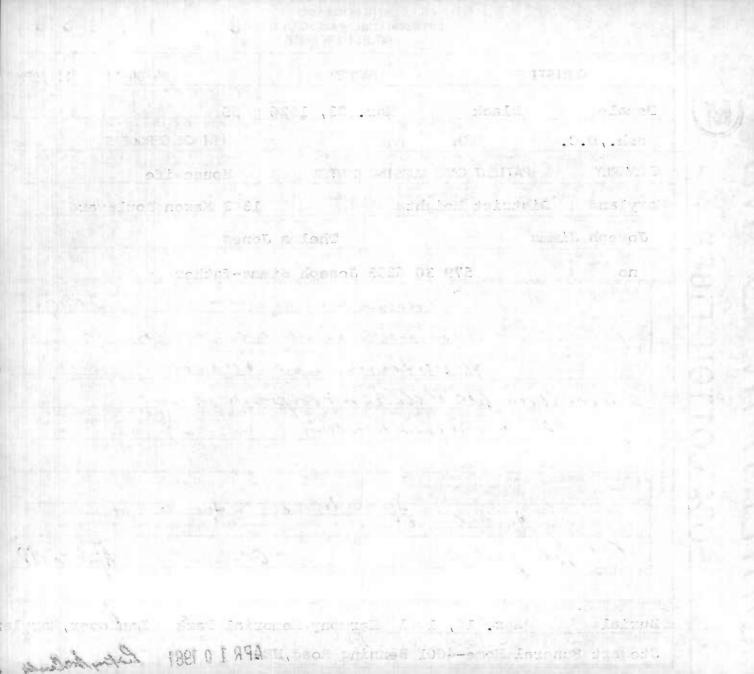
10	1	FOR		DEPARTMENT OF HEALTI	I AND MENTAL HYGIENE		266				
10	1,	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF DEA	H REG. NO.					
		CEASED NAME BOR	nord	Joseph O'N	21 //	OF ESTI- DEATH MATED 4"	H DAY YEAR 26. HOUR -2 198/ M				
		Male ahil-	e S. DATE OF BIRTH	26 LAST BIRTHOAY) MONT		RONOUNCED AMONTH	DAY YEAR 78/HOUR 2 198/ A M				
4	F	VIRTHPLACE (STATE OR OREIGN COUNTRY) WASHINGTON, D. C	76. CITIZEN OF WI	MARR	IED NEVER MARRIED	Brince Creng	NTY OF DEATH MD.				
4		CHEVERLY	PRINCE	SPITAL, NURSING HOME, OR OTH CHITY, GIVE STREET ADDRESS) GEORGES GENERAL	FOR MI	ALOCCUPATION (TYPE OF WORK DST OF WORKING LIFE) CH. CONTRACTOR	ALLEN Q'SNEILI				
É) 13a.		OME OR OTHER INSTITUTION, GI DUNTY . GEORGES	ve residence before admission) 13c. CITY OR TOWN LANHAM	13d. INSIDE (ITY LIMITS? 13e. STREI	ET ADDRESS 7108 LOIS LAND	E				
ξ	>	ATHER'S NAME CLARENCE	A.	WEISGERBER	15. MOTHER'S MAIDEN NAME FIRST GEORGIANA	MIDDLE	O'NEILL				
I	160.	WAS DECEASED EVER IN U.S., YES, NO, OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 577-10-2340	HILMA I. O'NEI	LL SAME AS 1:	3 WIFE				
	Z	Conditions, if any, who gove rise to immed couse (o) stating the unitying couse lost. PART 2 OTNER SIGNIFICANT CONDITION	hich iote der- DUE TO, OR	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.							
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATION V	/AS PERFORMED?		20 AUTOPSY? YES □ NO □				
2		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M	MONTH DAY YEAR	OW INJURY OCCURRED TENTER NA	TURE OF INJURY IN ITEM 18 PART 1 OR					
	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE (STREET, FACT		CATION	CITY OR TOWN	COUNTY STATE				
1	2	220 I certify that I took of death resulted fram: N ACTUAL SIGNATURE	horge of the remoins des	Accident . Suicide . Autop	Homicide Undeter	Inquiry , ond in my mined manner , DATI SIGN	E 4-2-8/				
BALIMOKE, M	23a.1	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY C							
		BURIAL	4/4/81		CEMETERY WA	SHINGTON D. (SOMIY STATE				
		UNERAL DIRECTOR FRAN			250. DATE REC'D. BY	Make.	Signatural				
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STATE OF MARYLAND

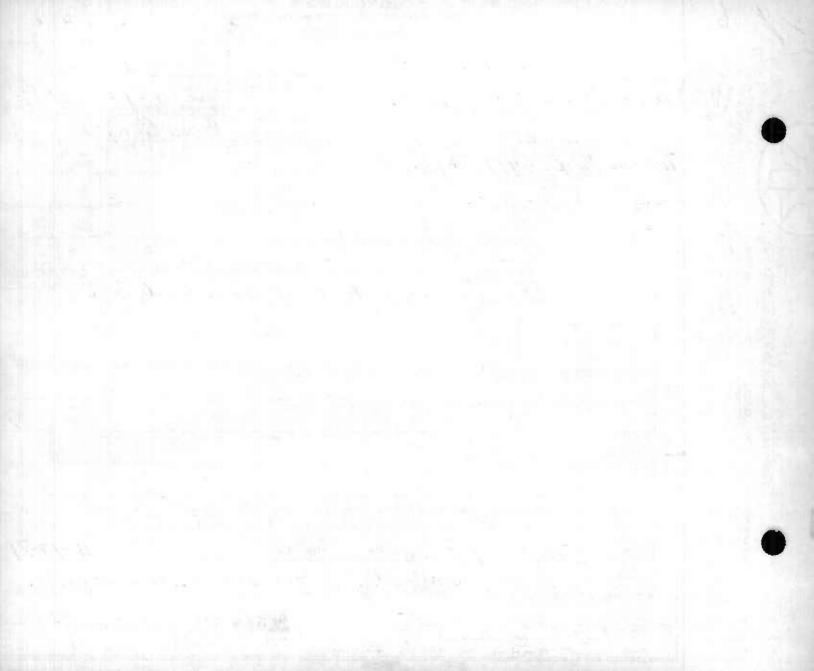


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Catherine PADGETT April 10, 1981 Agnes 10:30a. 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Female White September 11.1892 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince-Georges strict of Columbia WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Hyattsville INDUSTRY Sacred Heart Home Tel. Switchboard Op. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Newspaper 13r CITY OR TOWN 13e STREET ADDRESS 134 INSIDECITY LIMITS? Maryland Prince-Georges Hvattsville YES TX 2600 Queens Chapel, Road 5005= 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Catheringou MIDDLE John Jones McKari-na 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO Catherine Fritter - above address (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-10-2257 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF A VEry Sclerote Heart disea 2 year Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ABI 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARY 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 226. SIGNATUR DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 6525 Belcrest Road, Hyattsville, Md. 20782 Ibrahim Khatri 230. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Arlington Burial COUNTY Arlington Nat. 24 FUNERAL DIRECTOR 110 y's 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mt.Rainier. F DHMH-16 30M 2/80 Inc. (VRA 15, 4) Md. 161-211-30, 30, 36

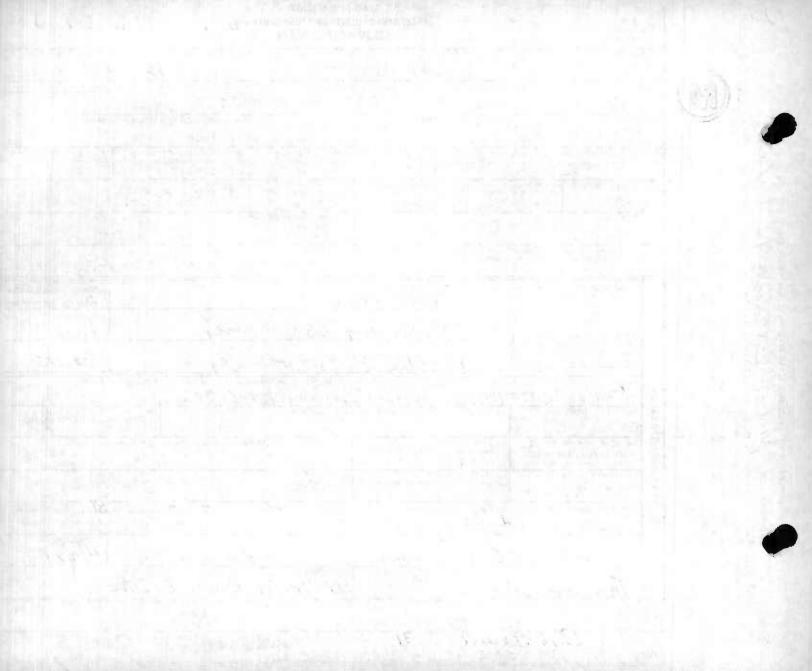
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	PECTON STREET	Male		OF BIRTH	YEAR LAST BIRTHDAY	MONTHS		DER 24 HRS. 2c. DA MIN. PRONO DE	UNCED A	MONTH DAY	YEAR 2d HOUR 140
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ZE, W	M PM PM AND 2	William	A.	Pa	rker		Rosa		MIDDLE	Berk	last Lasz
BALTIMORE, MD. 21201	RS AFTER DEA GIVE PAGES VITH FORM P PAGES 1 AN DIVISION OF	The WAS DECEASED	EVER IN U.S. ARMED FORCE	CES?	166. SOCIAL SECURITY	NO. 1	7. INFORMANT		ADDRESS	coma Par	rk. Md.
ALT	SAFT SIVE SIVE NISIO	Yes	WWI, WWII		578-34-448	3 F	Blanche	Parker, si	ster, 67	701 Pop	lar Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA VG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO CAL EXAMINER ALONG WITH FORM PAR 3. RETAIN PA BURALL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS WATION, OR REMOVAL.	Canditions gave rise cause (a) s lying cause	, if any, which to immediate toting the under-	(b) JE TO, OR AS (c)	A CONSEQUENCE OF	F		YPART TO	ner con	uaso	
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	HIS WRI VARE 120	CONTRIBUTION 214 INJURY OF WHILE AT WORK		e PLACE OF STREET, FACTORY		211. LOCA	ATION	CITY OF	TOWN	COUNTY	STATE
•	*TO MEDICAL EXAMINES: TI EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNEXA DIRECTOR; P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22a certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	August	2. A	driviez M.	M.D	Hamicide Tiftle (SPECIFY Deputy	. Undetermined	manner .	DATE SIGNED 4	:-/9-87
170	DASTA -	230 BURIAL, CREMATI (SPECIEY) Burial	ON, REMOVAL 236. DATE	00.00	23c NAME OF CEME			23d LOCATION HY OR TOWN			
10	BP	Burial 24. FUNERAL DIRECT	/ 4/	23,81	Harmony 100 Georgia	Memor	rial Pan	in highlan		P.G., N	Maryland
	DHMH-17 (VR A15 ME (5))	NAME OF	-there	ADDRESS	Machineto		1 00	4/24/0	8 5 8	JAN O SIGIANI	
	15M 2/80	McGuike Fu	nerál Servic	e, Inc	, nastizing w	, 0		11-1181	-	SOUTH NAME OF THE PARTY.	45



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 7a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mary Phillips Frances 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 1923 Female. Cauc. Nov. In BIRTHPLACE ISTATE OF FOREIGN b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Virginia USA Prince George WIDOWER DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR Prince George TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cheverly Homemaker home BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
137. COUNTY 138. CITY OR TOWN Suitland 13d. INSIDE CITY LIMITS? 2140 Brooks Dr. George MD YES TX IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Powel1 MIDDLE J. E. Bibb Robert Betty ADDRESS 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 223-24-4067 William Phillips 2140 Brooks Dr. Suitland no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: FIMEDATE IMMEDIATE CAUSE (a) PRESTON ST Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR 3 underlying PARLS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [DIVISION OF VIT 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 20 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19 saw the decreased alive an 30 abave, (I) (did) (did not) view the bady after death. and that in (my) (our) apinian death accurred an the date and hour and from the causes stated 22b. SIGNATUE DEGREE 22c. DATE SIGNED ± ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the the 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE 4/11/81 Suitland, Maryland Burial Cedar Hill 25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO DHMH-16 60M 1/73 Murphy Funeral Home 4510 Wilson Blvd. Arlington, (VR A 15 (4))



40	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE												i	2	7			
	- STAT	STRAR			MEDICAL	EXAMIN	ER'S	ERTIFIC	CATEO	F DEAT	TH [*]	REG. NO	0.	Ge 10	•	'		
	1. DECEAS	ED NAME	FIRST		MIDDLE			LAST		.20	DATE K	NOWN X	HTMOM	DAY	YEAR	2b HOUR		
200 200	[TIPE OKP	Kital J	MARK		S.			POE			DEATH /	MATED	5 4	22 ,	19 81			
非自动们	3 SEX	4 R	ACE	5. DATE OF B	BIRTH	6. AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER 2				MONTH	DAY	YEAR	24 HOUR 3:05		
2000	mal	e	white	Dec. 2	27,1958	22 BIRTHD	RS. MONT	HS DAYS	HOURS	MIN. P	PONOUNG	CED	4	22	19 81	3:05		
SERVICE STREET	To BIRTHP	LACE (STATE	OR		OF WHAT COL	INTRY?	8. MARR	IED NE	VER MARRIE	- X 9	BALTIMO	RE CITY	OR COUN					
AND SERVICE OF SERVICE	1	arylar	nd	USA			WIDOW		DIVORCE		Princ	e Geo	orge!	ge's County A				
7. Longar.	10. CITY OF	R TOWN OF D	DEATH		F HOSPITAL, N	URSING HOME	, OR OTH	IER INSTITUT	TION	12a, USUA	L OCCUPA	ATION LTYP	E OF WORK	12b. KIN	ID OF BUSTR	SINESS		
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PRE ANS			f any, which to immediate	(b)_														
RECORDS, 201 W. PRESTON ST., D BE EXECUTED WITHIN 24 HOUS ENDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL		couse (a) stat lying cause la	ting the <u>under</u> -	DUE TO	O, OR AS A CC	NSEQUENCE	OF	760	3543									
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DIVISION OF VITAL RECORI TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR PROBLEM TO FUNE AND SHOULD BE USED AS A FIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH A BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREM	EXA (TYP	MINER'S NAME OR PRINT)	AF Ar	nn M. D	ixon, N	1.D.		ADDRESS	11	11 Pe	nn St				N.T.			
0 0 PBP	230. BURIAL	Buria	T REMOVAL 2	April	24,1958	NAME OF CE	METERY O	R CREMATO Cemet	ery	234. 100	urel,	MAry	land	NTY	STA	ATE		
DHMH - 17 (VR A15 ME (5))	24. FUNER	ALDIRECTOR Donal	dson Fu	ineral A	Home, I	aurel,	Md		250. DATER	FR. BY R	EGISTRAR 0 130	25b REGI	ISTRAR'S	SIGNATU	RÉ	7		
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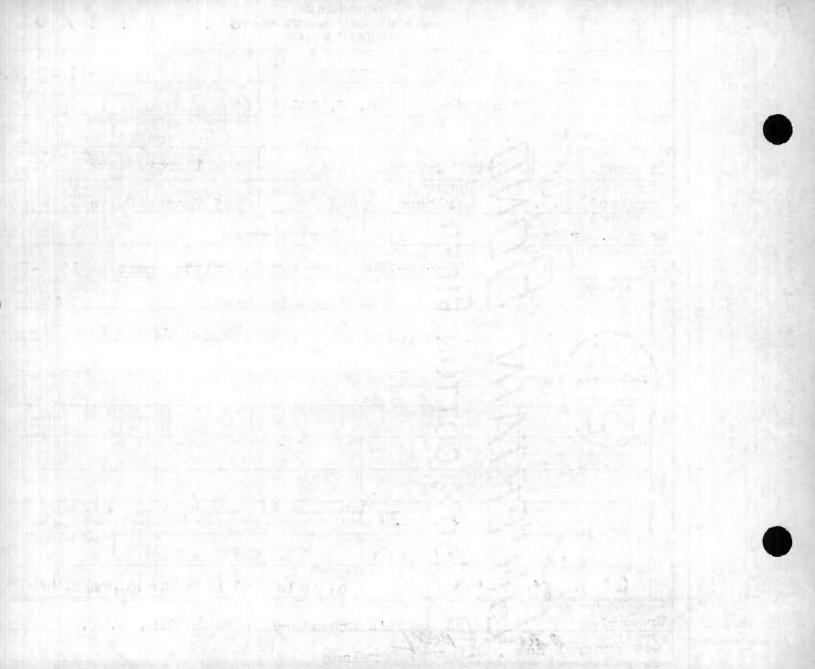
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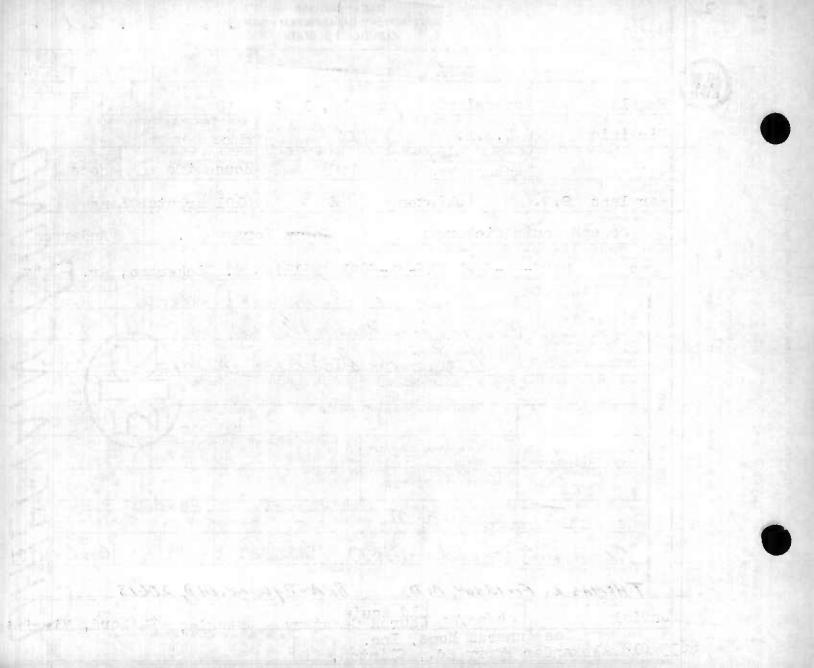
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE LAST 2g DATE OF DEATH 2b. HOUR TYPE OF PRINTS **JAMES** PRITTS 81 W : 45A.M 04 1 SEX 4. RACE IF UNDER 1 YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS male caucasian Jan. 5, 1914 67 ₹a BIRTHPLACE LSTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIEN XIEVER MARRIED U.S.A. Pennsylvania Prince Georges DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Southern Maryland Hospital The The Tropy of the HTSRY linton emplovee MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION THE CHIPE GENEFORE ADMISSION 113h COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS pluo P.G. Maryland Marlboro YES X 7205 Thomas Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME and 2 s LAST MIDDLE LAST Ross E. Clara Bittner ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 45 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 209-09-2566 n/a Dorothy G. Pritts no as 13 same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 5 days IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) the bady after death 72h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ld b 23e. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE Cremation BP. Washington. Lee's Crematory 24. FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Home, Clinton (VRA 15, 4) Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

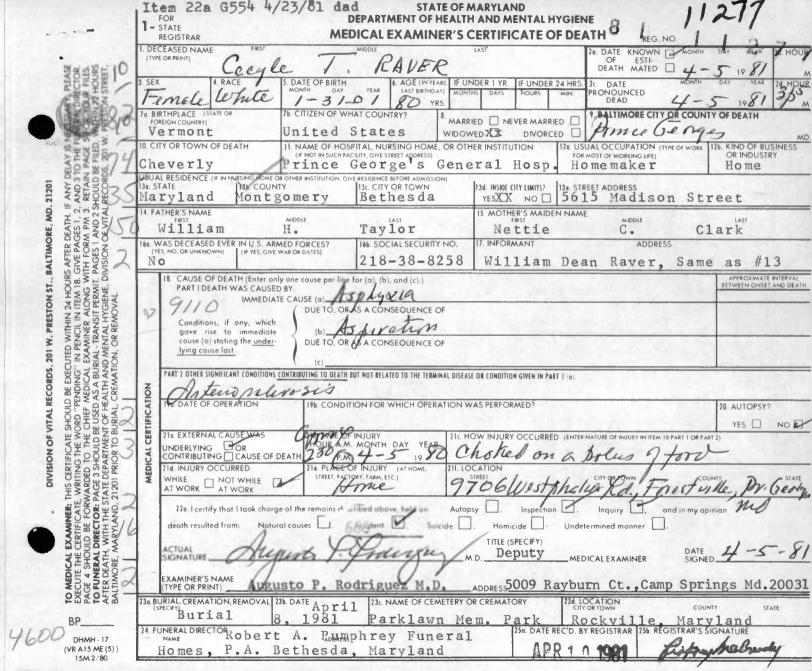
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X	FOR 1 - STATE REGISTRAR			F MARYLAND ITH AND MENTAL HYG S CERTIFICATE OF D	IENE I	1276
25.55.E		eramiah XXXXXXX	G.	RANDOLPH	20. DATE KNOWN DE STI- DEATH MATED	4-28 1981
RY, PLEASE DIRECTION TO THE SE TO THE SE TO THE SE	male whi		198 AGE (IN YEARS IF LAST BIRTHDAY) M	ONTHS DAYS HOURS MIN	PRONOUNCED DEAD	4-28 1981 am
NECESSARY,	70. BIRTHPLACE (STATEOR FOREIGN COUNTRY)	76. CITIZEN OF WHA	MA	ARRIED NEVER MARRIED	X	eorge's County MD
PAGE 5	id. City or town of death anham	(IF NOT IN SUCH FACI	TAL, NURSING HOME, OR C LITY, GIVE STREET ADDRESS) S Hospital	OTHER INSTITUTION 126.	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
ANY DE ANY DE ANY DE ANY DE AND 3 T RETAIN HOULD B	USUAL RESIDENCE (IF IN NURSING 130. STATE 131	HOME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	2305 Salem	Lane
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS IS GIVE PAGES 1, 2, AND 3 TO THE F WITH FORM PM. 3. RETAIN PAGE 5. T. PAGES I AND 2 SHOULD BE FILED. DIVISION O'AUTAL RECORDS. 201 V	14. FATHER'S NAME FIRST Bryan	Widdle	Rando 1 ph	15. MOTHER'S MAIDEN N	ly A.	Porter
ALTIMO AFTER D SIVE PAGES 1, AGES 1, A	160. WAS DECEASED EVER IN L (YES, NO, OR UNKNOWN) (IF Y	I.S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	Bryan Rando	ADDRESS 01ph, 12305	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN TEM 18. ROED TO THE CHIEF AKEDICAL EXAMINER ALONG WES 3 SHOULD BE USED SAS BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 01 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if ony, gove rise to imm couse (a) stoting the lying couse last. PART 2 OTHER SIGNIFICANT (ON	MEDIATE CAUSE (o)	dden infant d s a consequence of s a consequence of	eath syndrome	3 1.	BETWEEN ONSET AND DEATH
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	218 INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	21e PLACE OF STREET, FACTO		LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH WITH THE STA BALTIMORE, MARYLAND, 215	220. I certify that I too death resulted from: ACTUAL SIGNATURE	eganto A	Accident , Suicide	TITLE (SPECIFY) _M.D. <u>Assistant</u>	ndetermined monner,	DATE 1-28-81
PAGE PAGE PAGE PAGE PAGE PAGE	(TYPE OR PRINT) 230. BURIAL, CREMATION, REMO	Margarita DVAL 236. DATE 4/30/81	23c. NAME OF CEMETER		ennStreet d LOCATION CHOSTOWN Brentwood,	Mary land STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Burial 24 Funeral director 16000 Anna	Beall Fune polis Rd.,	ral Home M.		D. BY REGISTRAR 256, REG	

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Burial 4/30/61 Ft. Lincoln Cem. Brentwoor, Maryl More Beall Functed Home 16000 anapolis r., Bowie, Mc.



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IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		400	, ,
ij	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIODLE	i	AST	20. DATE OF DEATH	MONTH OAY	YEAR	b. HOUR
	Annie	C.	Ric	hardson	April 15,	1981		3:00p M
	3. SEX Female	White	S. DATE C	of BIRTH 2, 12906 YEAR	6 AGE (IN YEARS LAST BIRTI	MONTH		HOURS MIN.
3	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED	Prince Ge	_		y MD.
1	Riverdale	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 6124 54th AV	NG HOME C T ADDRESS) 'e •	DR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	BUSINESS OR Home
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUN Maryland P. C	NTY 13c. CITY OR TOV	VN	YES 🔀 NO 🗌	13e STREET ADDRESS 6124 54tl	n. Ave.		
1	Leonard	Williams		Maude FIRST	WIOOFE		dley	
	160 WAS DECEASED EVER IN U.S. AR (YMM) OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 16b. SOCIAL SEC 212 24 1		Donald F. Jo	ones Same	ss e as #13	(S	on)
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	meel	1 asterius.	rufic her	Hanny	YOUY	<u>, </u>
		CONDITIONS CONTRIBUTING TO	1/160	141		ITION GIVEN I	N PART 1(01	
2	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO 1	20b. IF YES, WE IN CERTIFYING YES	G CAUSES C	
1	OR CONTRIBUTION TO CAUSE OF DE	1 P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	OR CONTRIBUTION CAUSE OF THE PROPERTY OF THE P	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N C	COUNTY	STATE
	sow the deceased alive on above, (1) (we) (did) (did no	mal: attended he deceased from 10 to 10 view the body after death.	6L or	nd that in (my) (our) opinion (death occurred on the do	ite and hour and	d from the co	
	22h. SIGNATURE Yeller L. M	H. Wilhelm	M		MEDICAL STAF DIRECTOR PHYSIC		22c DATE S 4-15	
	Frederick Wi			27. ADDRESS 5807 Annap	olis Rd. H	yattsvi	lle,	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

F. "Gasch's Sons F.H. P.A. Hyattsville, Md.

23b. DATE

4/18/81

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Brentwood P.G. Maryland Ft. Lincoln Cemeter

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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. 65		CEASED NAME FIRST OR PRINT)		WIDDLE		RIDGELY	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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E P	3. SEX	(4. RACE		5 DATE (6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
96		Female	Whi	te	Sept	14 1899	81	YRS.	TIMS OXIS	Wild Mile
4 12		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
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on the find with a find find find find find find find find		inton	(IF NOT IN S	F HOSPITAL, NUR SUCH FACILITY, GIVE STR CN Mary La	EET ADDRESS)	or other institution	TION USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
212 d in libe f	USUA	L RESIDENCE (IF NURSING HOME C TATE 136 COU	OR OTHER INSTITUTIO		FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		7 27	
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AM Paris	9	amuel		rye		Nancy		Jenki	.ns	
MORE, nond co	16a V	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES VE WAR OR DATES)	557-05		Clyde L. R	Tippett Sidgely, S	Road on		inton, Md.
SALTII		18 CAUSE OF DEATH Enter of	only one couse p	per line for (a), (b),	and 19					MATE INTERVAL ONSET AND DEATH
ST., E		PART I. DEATH WAS CAUS	ED BY ATE CAUSE (0)_	Elutana	I have	Genical Du	soraling		15	muntes
he death cert he ottending p emove carbon manion, or re Troumatic or ver		4100	DUE TO,	ORAS A CONSEC	ENCE OF	- n	1001			
dear dear		Conditions, if ony, which	(b).	Acusta	Drugh	maymalu My	weended his	antry	12	hours
W. hot t		gove rise to immediate couse 101, stating the underlying cause last.	DUE TO.	OR ADA CONSEC	DUENCE OF	Cutum Die	5082		150	115
PRDS, 201 requires the signed Then plector to burro injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS				NINAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	
RECOR	CERTIFICATION	190 DATE OF OPERATION	19b CON	IDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	IGS USED OF DEATH?
TAL The The Sit p	RTI	71a. ACCIDENT WAS UNDERLYING	7 215 TIME	OF INJURY		Tall HOW BUILDY OSSUE	YES NO	YES [NO 🗌
FVI		OR CONTRIBUTING CAUSE OF DE		A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	LY IN ITEM 18, PART	1 OR PART 2)	
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of outending physician. Wifer this certificate has been signs of the burial-transit permit. Then the burial-transit permit. Then the of the mile shows any print of the property of t	MED	WHILE NOT WHILE AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
N S m s m		220.1 certify tho (1) this hosp			01			, , , ,		that (1) (we) lost
RECTOR RE			of) view the boo	dy ofter death.		nd that ir (my) (our) opinion	deoth occurred on the d	ote and hour o	nd from the	couses stated
the hor the hor the hor the borned to DIRECT I If them DIC		22b. SIGNATURE	1	Line-		DEGREE ATTENDING	MEDICAL STA	FF CIANI	22c DATE	SIGNED
Sto Sto	34	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS 1501	1 11	Rusa	1, -	
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with the MAPO	23a. B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION			
BP	(5	Burial	5-2-	-81	refar	Hill Cem.	Suitlan		OUNTY M	STATE
DHMH - 16 50M 7/77	24 FL	NERAL DIRECTOR RObt	E Wilh	olm annesed	1308 6	111+1 and 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA		
(VR A 15 (4))	F	uneral Home	Rd	Suit	land.	Md.	MAY 4 1981	June 1	7	

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land.

FOR

- STATE

PRINCE GEORGES COUNTY 12b. KIND OF BUSINESS OR Salesperson ales-Factory 13. T2405 Sandal Lane Woods Bowle. Mc. 110-18-0802 Clyde H. Roberson, 12405 Sandal La LNEARCTION ARDIOUASCUCAL DISERS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES W NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in my (our) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Annapolis, Maryland STATE 250. DATE REC'D. BY REGISTRAR 25b. RESELECTED AND ADDRESS OF THE SECOND ADDR Bowle. Mc. Ala

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

IF UNDER 1 YEAR

5:50PM

DHMH-16 30M 2/80 (VRA 15.4)

Female 0 ac. | Oct. 1, 1926 11 USO 250 ROBER 20 FRS A 2 U 110 1:-Series despes exercitores Salesperson Salesperson Maryland P.G. Bowie Law 12005 Sandal Lone Frederick religions and ---- 110-18-0802 Clyre H. Roberson, 12405 Sancal La

Burial Adv. 16, 1981 Hillorest Com. Amadelis, Maryland 16000 Amas, Re., Bewie, Inc.

STATE OF MARYLAND

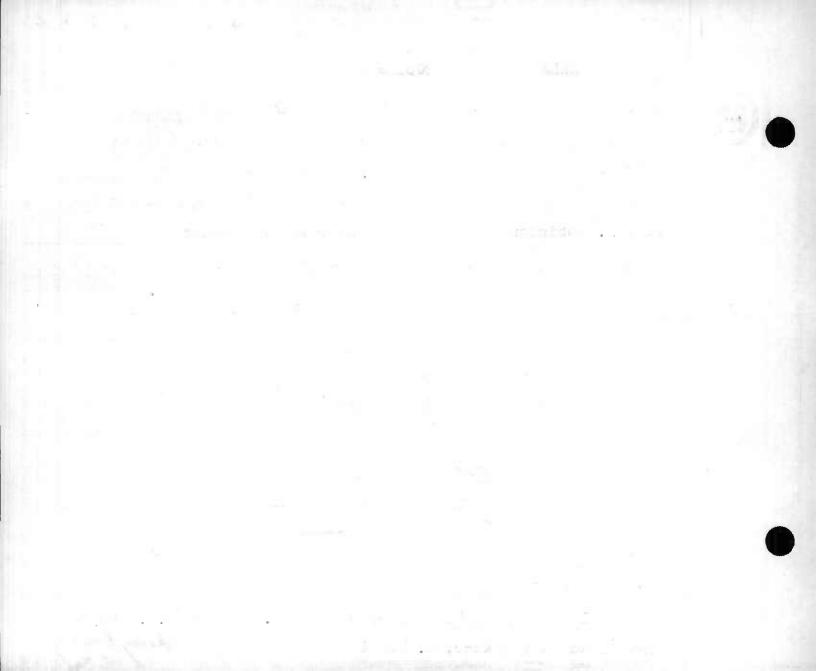
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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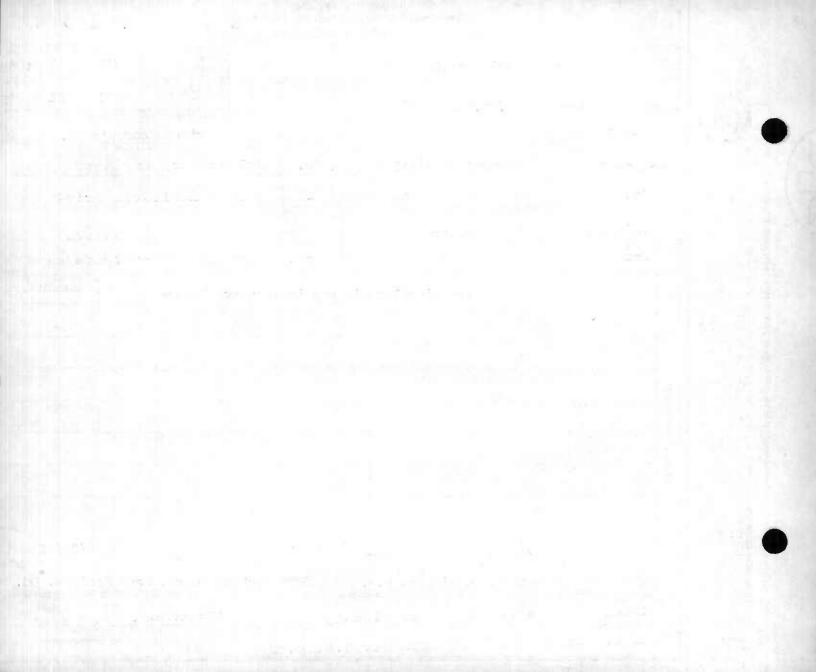
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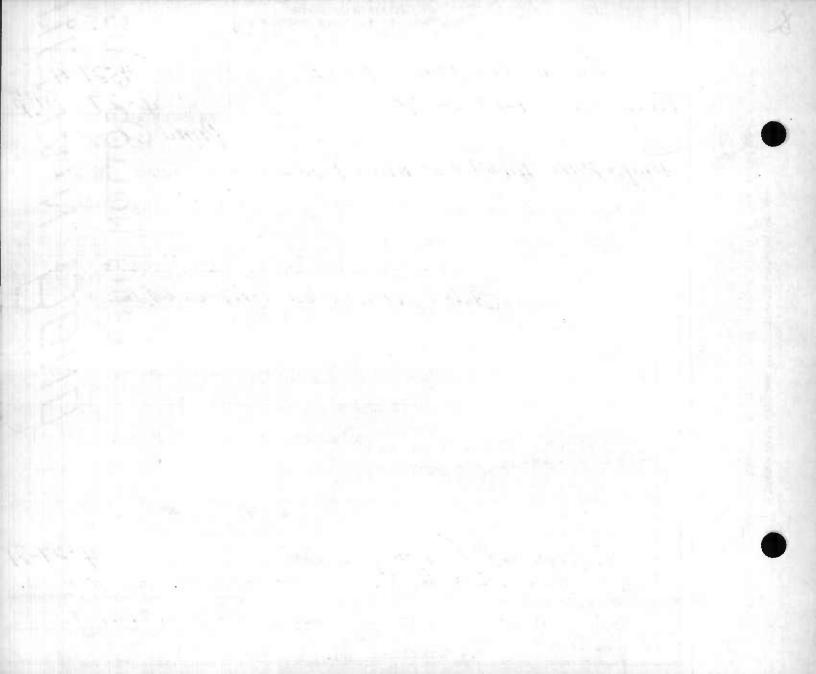


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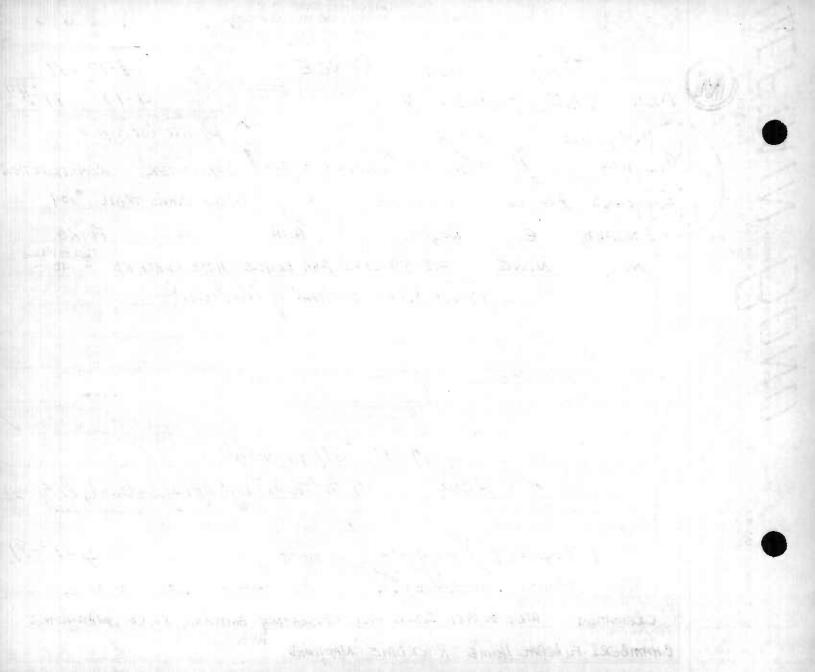
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN D [TYPE OR PRINT] OF ESTI-John 5:04p Earl Rogers TIT 81 2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
ALRECORDS, 201 W. PRESTON STREET, DEATH MATED 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 10 81 5:04r DEAD Black 9/18/1929 5 7b CITIZEN OF WHAT COUNTRY? Male 19. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY)
Hartford, Conn USA WIDOWED DIVORCED Prince George's Co. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Doctors' Hospital of P.G. Co. Electrical Engineer Lanham None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md . 13c. CITY OR TOWN
HyattsvilleyES 13b. COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 2009 Lev Lewisdale Drive NO [] T. PAGES I AND 2 SI DIVISION OF VITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John Ε. Rogers Oretta Majors 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO DE UNKNOWN) 044-24-2596 Henrietta Rogers/wife/same Mrs. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? YES [] NOV TO MEDICAL EXAMINER: THIS CRTIFICATE SI EXECUTE THE CRTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU SHOULD BE 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 10 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY STATE 22a I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 4/23/81 DATE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburm Court, Camp Springs, Md. Augusto P. Rodriguez, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Brentwood, STATE Burial 4-24-81 Lincoln Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE John T. Rhines Co., 3015 12th St., N.E., D.CAP **DHMH-17** (VR A15 ME (5)) 15M 2/80



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A	1-	FOR STATE	ME	DEPARTMENT OF HEA		DEDEATH	200
	1. DE	REGISTRAR CEASED NAME FIRST	7412	MIDDLE .	LAST	20. DATE KNOWN FRM	ONTH DAY YEAR TO HOLD
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IY, PLE SIRECTO SUR FIL SIRECTO SIRECT	J. SE	emale White	5. DATE OF BIRTH	-DE 6. AGE IN YEARS VAST BIRTHDAY I YEARS YEARS YEARS	FUNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD PRONOUNCED	27 SIVOS
S. A.	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	ARRIED NEWER MARI	- 9. BATTIMORE CITY OR C	QUNTY OF DEATH
A SINGLE AND COMPANY OF THE PROPERTY OF THE PR	We	st Virginia	USA		OWED DIVOR	- WW1-	eorges MD
HAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE RED "FROIL" IN TEAM 18. GIVE PAGES 1, 2, and 3 TO THE FUNERAL DIRECTOR. "HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES." I USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURS OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIZAL RECORDS, 201 W. PRESTON STREET, WITHIN CREMATION, OR REMOVAL.	10.0	emple Aills	11. NAME OF HO	SPITAL NURSING HOME, OR ACILITY GIVE STREET ADDRESS)	OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE) Sales Person	WORK 126 KIND OF BUSINESS OR INDUSTRY
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ST., NOUR NO W G W WE, D		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D RY.	e for (a), (b), and (c).)	tro Card	les viscular 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SET		SIGNATURE /	Lare!	- rangely	M.D. Deputy	MEDICAL EXAMINER S	SIGNED TO
TO MEDICAL EXAMINER: T F EXECUTE THE CRETIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME AUTUS	to P. Rod	rigut, M.D.	ADDRESS	Rayburn Ct., Camp	Springs, Md.
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 4-30-81	Codar Hil		Suitland, P.	COUNTY M.d. STATE
BP	24 F		4-30-81 E Wilhel		1 Cemetery	REC'D. BY REGISTRAR 256. REGISTRA	
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26	3. 5	Nale Whote	5. DATE OF BIRTH MONTH DAY 7-12-62	6. AGE (IN YEARS IF UN MONTH	DER 1 YR. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD MOI	17 19 8 1 2 HOUR
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TO MEDICAL EXAMINER: THE ERTIFICATE PROBLEM OF FORW PAGE 4 SHOULD BE FORW PAFTER DEATH, WITH THE ST.	NO.	EXAMINER'S NAME	to D. Dodni	1	5000 n		
TO WEXECTOR	23e	(TYPE OR PRINT) ALGUS		NAME OF CEMETERY C	ADDRESSOOS Rayb	UCATION	Springs, Md
140BP3		CREMATIONS		EDAR HILL	CREMATARY S	MITCHAID, P.G. CO.	MARYLAND STATE
DHMH-17	2.4	FUNERAL DIRECTOR	ADDRESS		250. DATERES P	BY REGISTRA	R'S SIGNATURE
(VR A15 ME (5 15M 2/80	())	HAMBERS FUNER	ALHOME RI	VERDALE, A	(ARYCAND		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Trnesi IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED August 14,1932 48 KIVI II 76. CITIZEN OF WHAT COUNTRY IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED Pennsy Ivania WIDOWED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Mail Carrier 8601 Temple Hills Road Temple Hills SHOULD BE USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 8601 Temple Hills Road Prince George Temple Hills Maryland DIVISION OF VITAL I . FATHER'S NAME AND 2 15 MOTHER'S MAIDEN NAME GES 1, 3M PM MIDDLE MIDDLE FIRST FIRST Griscik John Rusnak Anna GIVE PAC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1953-1962 194-24-1256 George L. Rusnak, Ellicott City, Md. Yes 18 CAUSE OF DEATH (Enter only one cause per July for (a), (b), and (c). ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. bentaus cardiovascular desease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 190 DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YES [] NO L BE DEPARTMENT 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY ARDED TO THE GE 3 SHOULD E 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P M 10 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY AT WORK AT WORK NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINGORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 4/28/1981 Denuty SIGNATURE MEDICAL EXAMINER 5009 RAYBURN EXAMINER'S NAME (TYPE OR PRINT 736 BATE TINGS MD 23000 LE OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVA 23d. LOCATION STATE 5/1/81 Immaculate Conception Cemetery, Cherry Hill, Md. Burial 74LFUNERALDIREC 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 981 ELKTON. 15M 2/80 NACCO

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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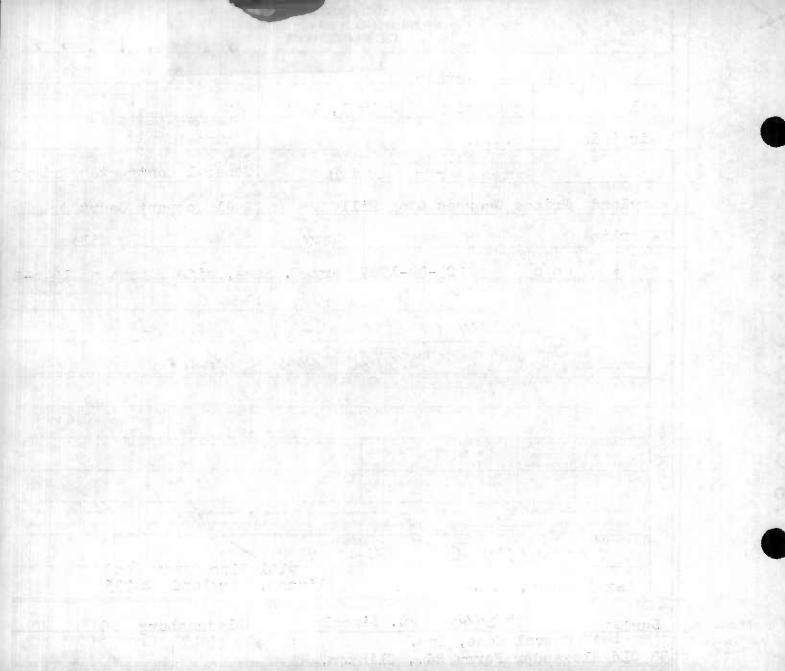
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PAROLEMAN SERVICE CONTRACTOR SEASONS SERVICES SEASONS SERVICES SER

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ARECON BOXED OF RESTRAIN BARRESONS, NO. 181 1 10 TO THE SERVICE

756	1,	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	SIENE					
	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1289				
		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
2 0 to 0	(,,,,	GEORGE	Luther	SAMS	04 09	81 10:20P M				
LN	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
(1)/13	I	male	caucasian	July 1, 1917	63 YRS.	MONTHS DAYS HOURS MIN.				
Sell Se		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
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with with	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR E) INDUSTRY				
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AND 124		aryland Prin	ce Georges Ox	on Hilel X NO D	2901 Gosport	Court				
RYL withi		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST				
		Charlie	Sams	Mary		Milam				
MORE, n and cc Pages 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS					
rime S. Po		no n/a	229-09	-1707 Mary S. S	ams, wife sa	me as 13 a-a				
BALTIMORE, cate be executed to appers. Pages 1 you.		18 CAUSE OF DEATH (Enter or	nly ane cause per line (5)(a), (b), and D BY:	the 1 th	22 1	BETWEEN ONSET AND DEATH				
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		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF A								
that that the ease read, cre		underlying cause last.	(c)	viver maggio	re xours					
uires uigne en pl a buri uny, c	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)				
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nos by we or we was or wea	E S	146 DATE OF OPERATION	140. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?				
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		obove, (I) (we) (did) (did no	ot view the body ofter death.		death accorred on the date and hav					
T Doct D		220. SIGNATURE	111050	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED				
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		BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
140/ BP	F	Burial		t. Lincoln	Bladensburg	PG MD				
DHMH-16 30M 2/80 (VRA 15, 4)		NAME TO PERSON Funer	al Home, Inc.	25a. DA1	WELLS BY REGISTRANIES REGIST	PAR'S SIGNATURE				
(VRA 15, 4) 6	d33	3 Old Alexand	er Ferry Rd.	Clinton, MD	WA .					



HELL LANGE AND LANGE TO THE STATE OF THE STA Pot. Truck Delvis Line Trustor Burgland . 18 . . 2.7 % Gantware 30 312 . 37 THE STREET STORY Incomen Fred James candere Byatterille, Mr. great 1-1-21 " ift. Lincoln Construct hearing Pr. Chach's Sons Rut. P.A. Westerwille, Mil.

-6	6	Item 7a,7b ar	id 8 G 554 4/16/81			
	5	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8	1291
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	. /	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
, be	32	Josep	h William S	SAVERCOOL	April 3,1981	5:05 Am
O E	Frank	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- e 9 4	E BAN	MALE	CAUCASIAN	JAN 30 1912	69 YRS.	
8	And 9	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIED □	BALTIMORE CITY OR COUNTY	OF DEATH
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5	21 100	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY
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≥ ±	2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST
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	F 2 0 C1		d not) view the body after death.		death accurred on the date and hou	
S 4	Direction of them	226. SIGNATURE	20-07	DEGREE ATTENDING	. MEDICAL STAFF	22c. DATE SIGNED
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DHMH-16	30M 2/80	24 FUNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 256. REGIST	
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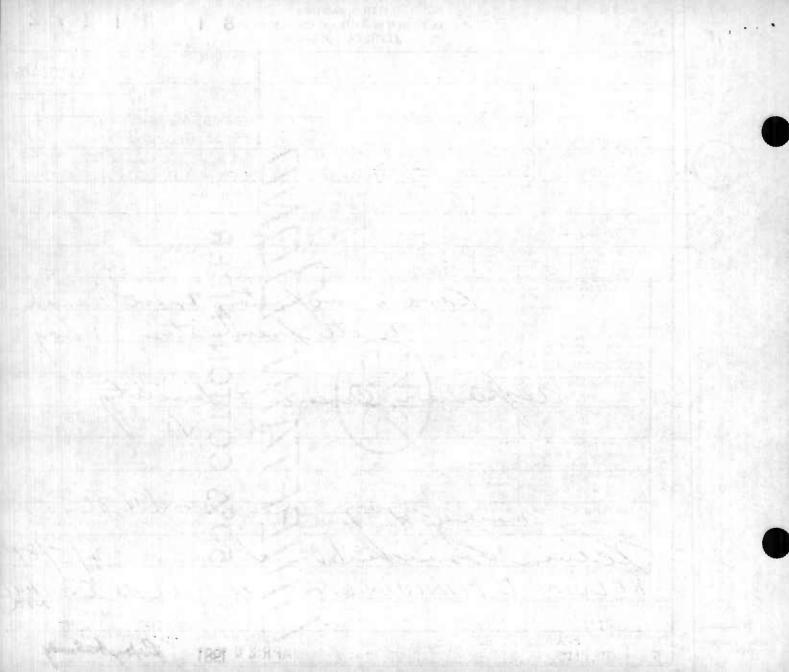
. 1	1	FOR STATE REGISTRAR	DEPART	1292		
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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for af t		saw the deceased alive on above, (1) (we) (did) (did no	Liview the body after death.	, and hat in (my (aur) spinion	death occurred on the date and ha	our and from the causes stated
ched Ched Dept		17h SHISHATIME	(1).	DEGREE! ATTENDING	Jones Care	22c. DATE SIGNED
detac		leting	~ Hour		DIRECTOR PHYSICIAN	4/5/8/
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should be de with the State		KELVIN	L. MINC	7/N 6/880X	ON HILLI	LL UXONHIU
S / =		BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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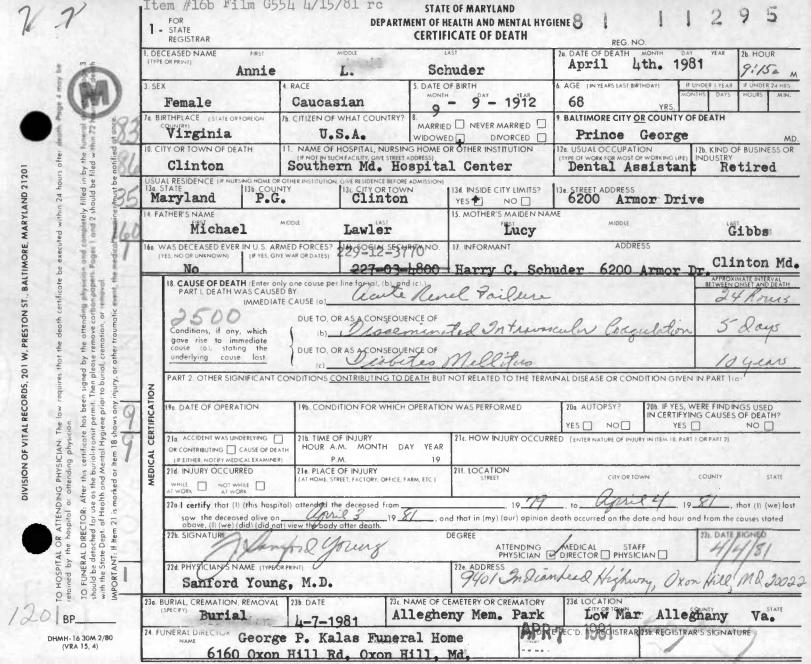
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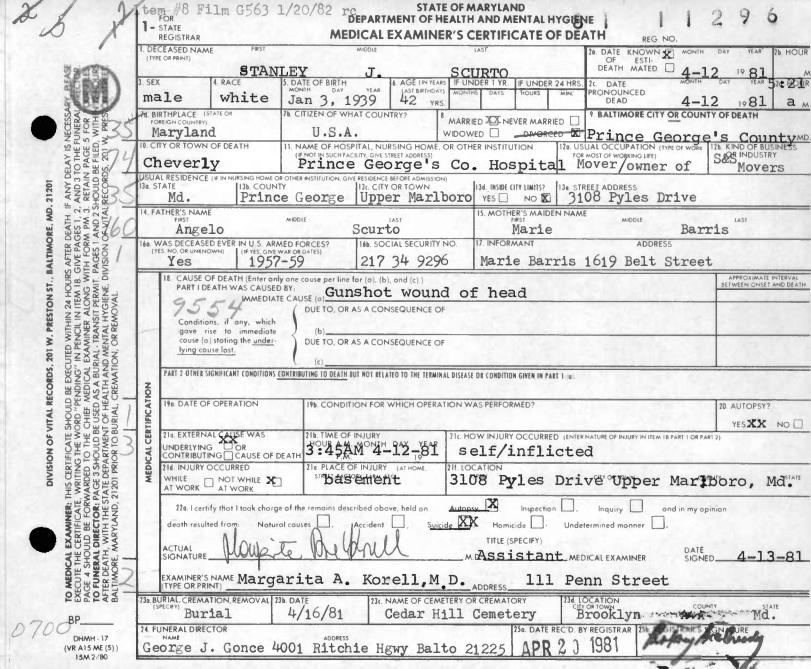




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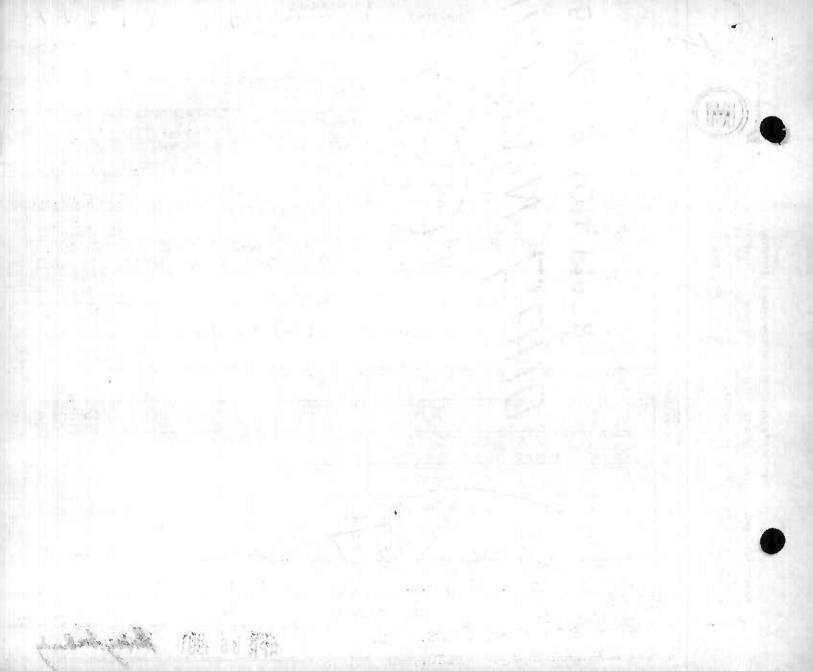
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P, ED AS A BURIAH. TRANSITPERMIT. PAGES 1 AND 2 SHOULD BE! HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, AL, CREMATION, OR REMOVAL.	70	gave ri couse (a lying car	Canditions, if any, which gove rise to immediate couse (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Using cause last. (c) PARE 2 DUER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

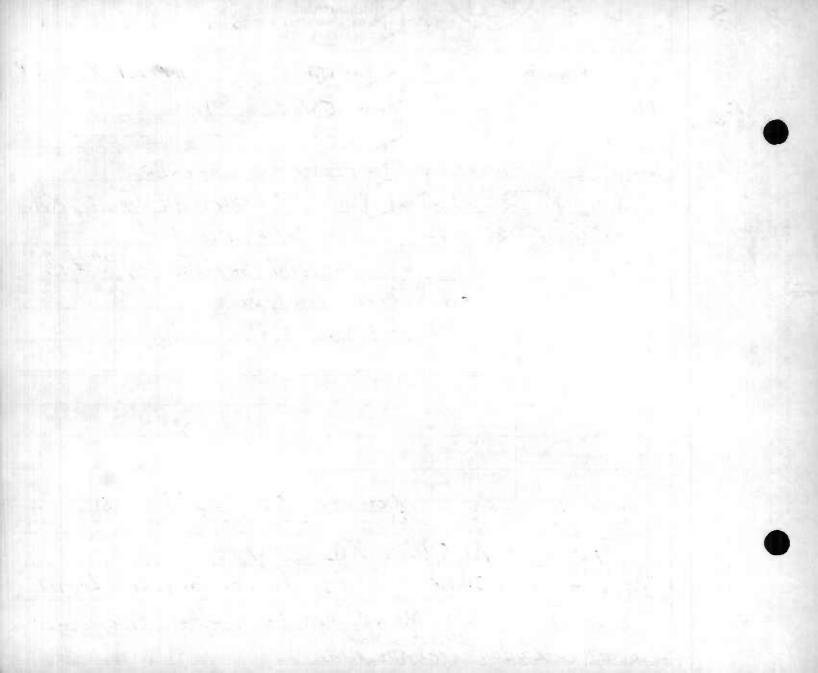


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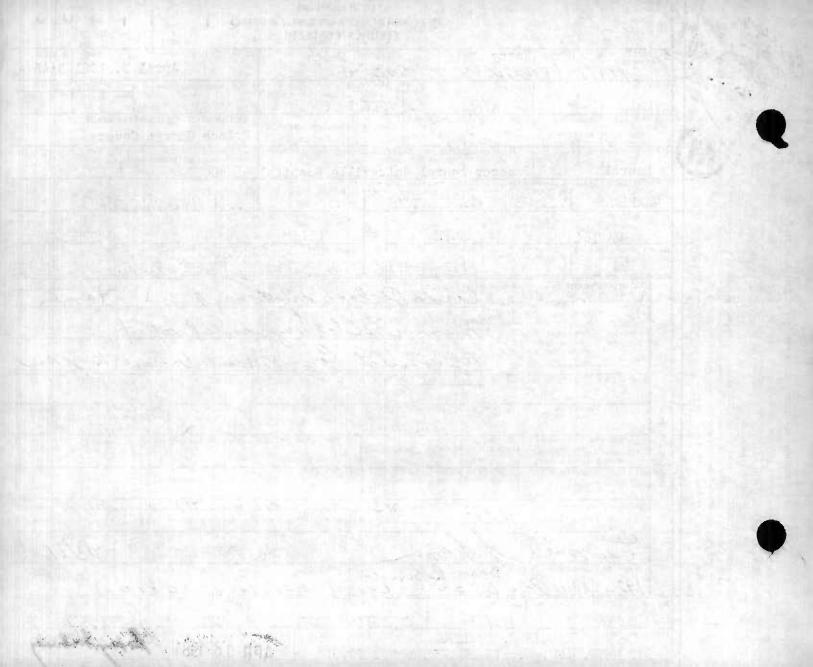
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	70		OUNTRY) N. C	76 CITIZEN OF WHAT COUNTR	WIDOWE		ED P	TIMORE CITY <u>OR</u> C RINCE GEO		
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	TO HOSPITAL retained by t TO FUNERAL should be det with the State MPORTANT:	12-	PAMELA 1	MUISHNE	NAME OF C	321	PRINC	E GETT	266	Laulel
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME GAYLE 20. DATE KNOWN ESTI-DEATH MATED arnava IF UNDER 24 HRS DATE PRONOUNCED TO BIRTHPLACE (STATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED DIVORCED [Iowa 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION POR MOST OF WORKING LIFE) Cheverly Geo. Hospital SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mt.Rainier Pr. Geo. 13m STATE 13d. INSIDE CITY LIMITS? 2505-Queens Chapel Md DIVISION OPVITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND 2 FIRST Jennie Nesbitt Barnard Milton 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO LYES NO OR LINKNOWNS Wynette S. Zachary 579-32-6699 Ave., Baltimore No 18. CAUSE OF DEATH (Enter only one cause per line (g) a), (b), and (c). relegatio Cardiovaren PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO OF AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e) USED AS A B 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES NO 3 SHOULD BE DEPARTMENT 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY AT WORK NOT WHILE GE 4 SHOULD BE FOR FUNERAL DIRECTOR: 22e I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DEATH, Deputy PAGE 4 SHO
TO FUNERAL
AFTER DEATH
BALTIMORE, 1 SIGNATURE MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Burial Manassas City Cem Va 24 FUNERAL DIRECTOR Nalley! Mt .Rainier. **DHMH-17** (VR A15 ME (5)) 15M 2/80

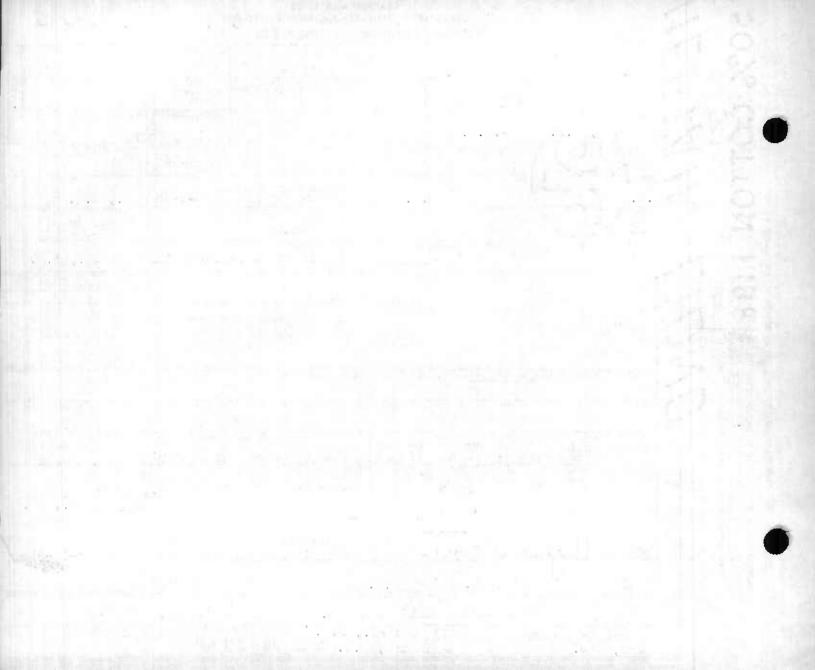
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 24. DATE KNOWN M MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHLIN 72 HOURS I W. PRESTON STREET, DEATH MATED Elizabeth 13 8 Sowells 19 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH 2d HOUR DATE 9:15 a.m 12-31-1956 PRONOUNCED Female Black DEAD 81 19 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince George's WIDOWED DIVORCED 24 HOURS AFTER DEATH, IF ANY DELONGER 18, GIVE PAGES 1, 2, AND 31'O'THE FUIL FOUR WITH FORM PA. 3. RETAIN PAGE 5-1 PREMIT, PAGES 1 AND 2 SHOULD BE FILED. WITH PAGES 1 AND 2 SHOULD BE FILED. TO AND 2 SHOULD BE FILED. 10 CITY OR TOWN OF DEATH AL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, FOR MOST OF WORKING LIFE) TO HOUSewife OR INDUSTRY Prince George's General Hospital Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE THE COUNTY D.C.YES XX NO 121 Galveston St., S.W. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Janie Jessie Sowells Kelly CAL EXAMINER ALONG WITH FORM
BURIAL - TRANSIT PERMIT, PAGES I AM
AND MENTAL HYGIENE, DIVISION OF
ATION, OR REMOVAL. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Janie Jones (Mother) 121-58th St., N.E. No 579-16-2190 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt injury to Head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last EXECUTE THE CETTIFICATE, WRITING THE WORD "PENDING" IN PROGE 4 SHOULD BE FORWARDED TO THE CHIEF AKEDICAL EXA TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. THE DEPARTMENT OF HEALTH AND ME HAITING THE DEPARTMENT OF HEALTH AND ME HAITING THE MATCH AND ME HAITING TH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING XX OR MEDICAL 7:06 P.M. 4 subject jumped out of moving auto CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Cooper Lane at Fairwood Rd., Landover, Prince road George's Co., 220 I certify that I taak charge of the remains described above, held an Autapsy Accident X death resulted fram: Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL MDAssistant 4-14-81 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 230 BURIAL CREMATION REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 04-20-1981 Washington Nat. Cemetery Suitland, Maryland Burial BP ADDRESS 4339 Hunt Pl., N.E. 24 FUNERAL DIRECTOR Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Washington, D.C. 20019 **DHMH-17** Home, Inc. (VR A15 ME (5) 15M 2/80



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 2h. HOUR LTYPE OR PRINTS Henry Stepp 4-8-81 4 00p M 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White YEAR MONTHS. DAYS HOURS Aug 6,1899 YRS. TO BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Prince George's Arkansas USA WIDOWED DIVORCED [MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 12e. USUAL OCCUPATION 12h KIND OF BUSINESS OR Leland Wemorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Riverdale Railroad Ret Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Hyattsville 134. INSIDE CITY LIMITS? 13R. STREET ADDRESS Maryland r. Geo s 42nd Avenue eased YES PC NO [14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME Stepp John LAST FIRST MIDDLE Annie Rudd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 116 Carroll Dr. IYES NO OR UNKNOWN) 116-10-2930A Robert Stepp (Son)Hillsmere Shores-Annap.Md APPROXIMATE INTERVAL E CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY ed IMMEDIATE CAUSE to blom Artic Aneung & Conditions, if onv. which gave rise to immediate 0 cause 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO. YES [NO I 8 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 198 21d INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE M ATTENDING MEDICAL STAFF be de. MPORTANT PHYSICIAN DIRECTOR PHYSICIAN UNER 224. PHYSICIAN'S NAME ITTHE CHANT 22e ADDRESS 23e BURIAL, CREMATION, REMOVAL 23L NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial 4/11/81 Gate of Heaven Cem Silver Spring Mont. Md. 250 DATEREC'D BY REGISTRAR 21 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Francis Gasch's Sons, PA Hyattsville.Md. (VRA 15, 4) 1/79

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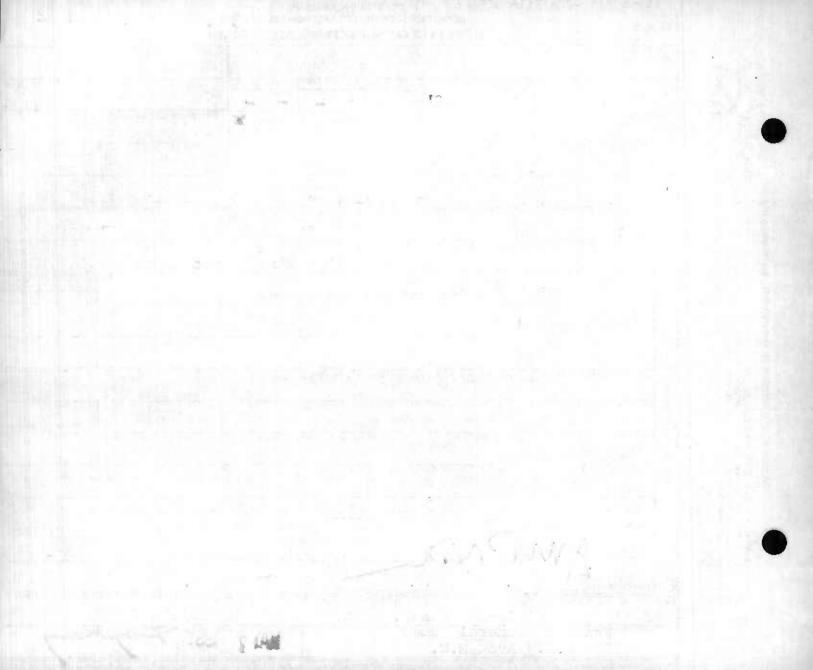
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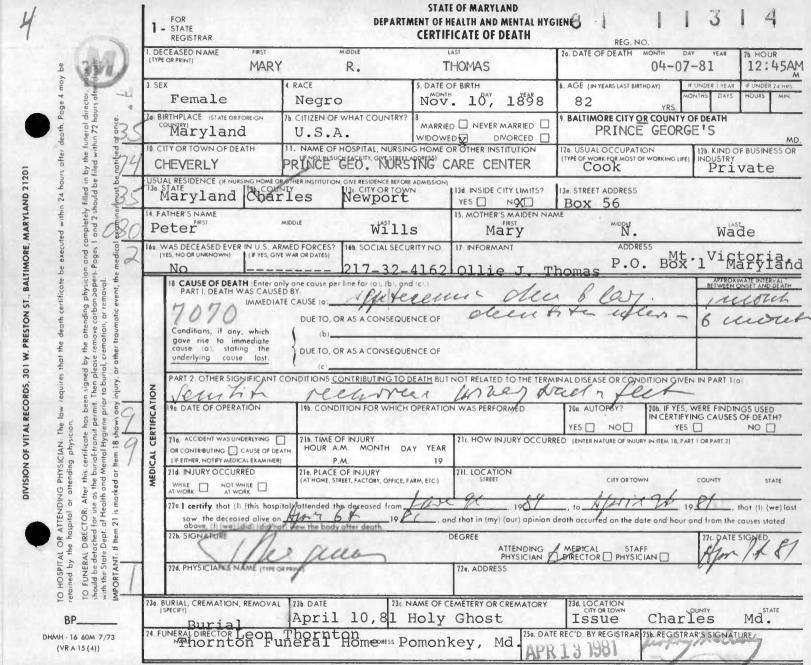
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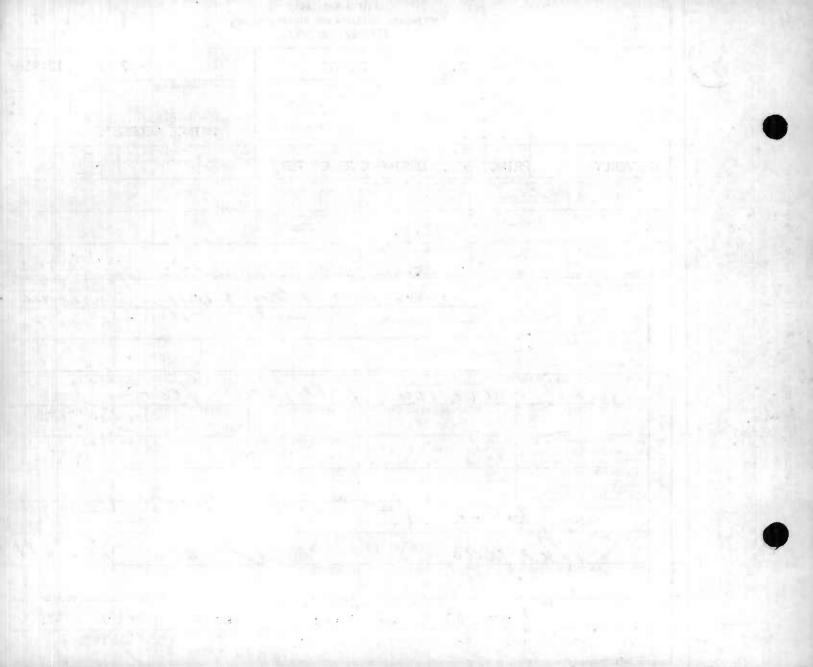


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SE S) -	1		/ /			
A PRESENTANT	4	(TYPE OR PRINT) Augus	sto P. Rodrigu	ez M.D.	ADDRESS 5009 Ra	yburn Ct., Camp	Springs, Md.
DIVI TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE PAGE 4 SHOULD BE FORWARDEE AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23o.B	URIAL, CREMATION, MANOVALE	736 DATE 23c	NAME OF CEMETERY	THEOLEGE	d. LOCATION CITY OR TOWN	
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DHMH - 17 (VR A15 ME (5))	0	NAME YOUR	-1 House 4007	van.	Road, NE	89 1981 Par	710 woody
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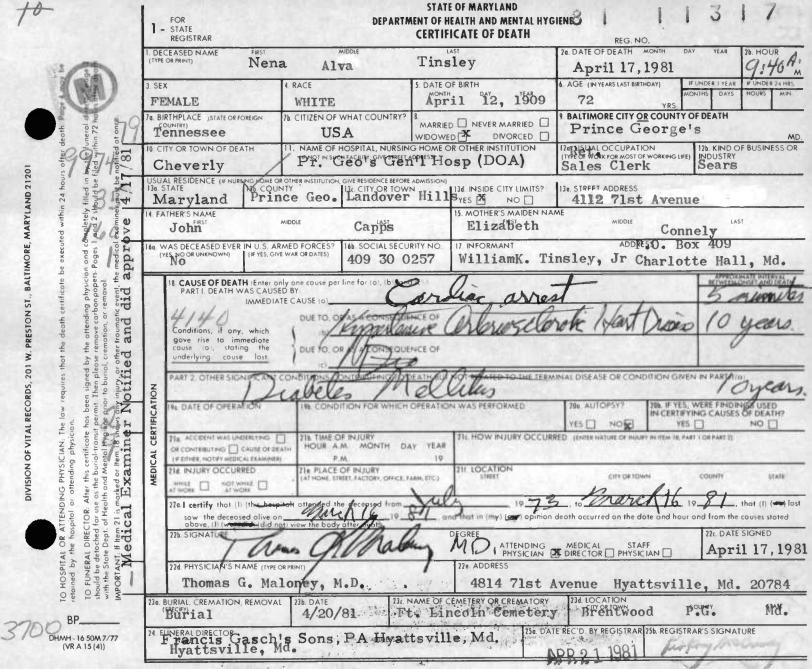
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DHMH-16 30M 2/80 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	1 3	16
		CEASED NAME	EIRST	A	AIDDLE	L.	AST	20. DATE OF		OAY YEAR	2h HOUR
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7.	3. SE	X		4 RACE		5. DATE C		6 AGE (IN YE	EARS LAST BIRTHDAY}	IF UNDER 1 YEAR	
	4	female		white		нтиом	ay 15, 1915		65 YRS.	MONTHS DAYS	HOURS MIN.
1	7a. BI	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8.	NEVER MARRIED	9. BALTIMO	RE CITY OR COUNTY	OF DEATH	
5		Virginia		U	SA	WIDOWE		I DD I	INCE GEORGI	E'S	M
4	10. C	CHEVERLY		(IE NOT IN SUC)	HEACILITY GIVES	TREET ADORESS)	AL HOSPITAL	(TYPE OF WORK	OCCUPATION CFOR MOST OF WORKING LIE OUSEWIFE	FE) INDUSTRY	OF BUSINESS OF
6	13a. S	Md	136. COUN		13c CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET / 21		avenue	
16	14. F.A	ATHER'S NAME FIRST		alev	LAST		15. MOTHER'S MAIDEN N		Jackson	LA	AST
		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	unkno		Morris Hale	y Se	address	ant, Md	1.
	ATION	Conditions, if any, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN	nediote g the lost.	(c)	R AS A CONSI	TO DEATH BUT	NOT ELATED TO THE TER	MINAL DISEASE		VEN IN PART I	
1	MEDICAL CERTIFICATION	2] a. ACCIDENT WAS UND OR CONTRIBUTING C	ERLYING AUSE OE DE A	21b. TIME OF HOUR A.A	FINJURY M. MONTH	ter Ca	PLLE HOW INJURY OCCU	L YES 🗆	NO YE	FYING CAUSE:	S OF DEATH?
	MED	21d. INJURY OCCURR	ILE 🗍	21e. PLACE C	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET		girs on town	COUNTY	STATE
		22a.1 certify that (1) sow the decease phove, (1) (we) (a 22b. SIGNATURE	d olive on	4/14/	Ylan	, 01	d that in (my) (our) opinio	n deoth occurrie	on the date and hou		that (I) (we) los couses stated
	9	224 PHYSICIAN'S NA	ME/ (TYPE O	R PRINT)	XX	1		DIRECTOR	PHYSICIAN [17/2	2/11
1		Jerome	-/-				6490 Landov	er Rd C	heverly	Md.	1
	230	(SPECIFY) Cremation,		23b. DATE 4/23/1			emetery or crematory oln Cremator		rentwood P	ro Geor	ges Md
		UNERAL DIRECTOR NAME Gasch's	8	P A Hy	attsvi	iss lle, Md	MAK	ALE, RECID, BY RE	EGISTRAR 25b. REGIST	RAR'S SIGNA	TURE

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	yours Swatteville, Mr. mirst	A 4815 7144 A	is. W. vomi	Thomas O. A.
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(VR A 15 (4))

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signed by

After this certificate has been for use as the burial-transit permit. of Health and Mental Hygiene prior

TO FUNERAL DIRECTOR:

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IMPORTANT:

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	PAI ANTI	CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
EMMA		TUCKER	April 24, 1983	1 8:42 A _m
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # UNDER 24 HRS
FEMALE	WHITE	APRIL 17 1912	69 YRS	MONINS DATS HOOKS MIN
7a. BIRTHPLACE STATE OR FOREIGN		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
WEST VIRGINIA	U. S. A.	WIDOWED DIVORCED	Prince George's	s County MD
Clinton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Southern Mary La	ig home or other institution address) Hospital	120 USUAL OCCUPATION (TUBE OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY AT HOME
MARYTAND PR	IME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OUNTY 13t. CITY OR TOW TNCE GEORGE OXON H	N 134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 65/19 BOCK TERRA	CE
FRANK	MOLINOR	IS. MOTHER'S MAIDEN NA	WIDDLE	GERGOLY
160 WAS DECEASED EVER IN U.S			ADDRESS	Md.
(YNO OR UNKNOWN) (IF YE	s, give war or dates) 579-05-	3507A THOMAS W TUC	KER 6549 Book Te	rrace Oxen Hill
IS CAUSE OF DEATH (Ent	ter only one cause per line for (a), (b), on	d 15.	RI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EDIATE CAUSE (a) Courages	live Carroling	spartly	(oners
4259	DUE TO OR AS A GONSEIQUE	ENCE OF ()	1	
Conditions, if any, which	10	erleuseur		10 m
gove rise to immediate cause (a), stating the		ENCE OF		

underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p)

190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

sow the deceased plive a

21d. INJURY OCCURRED

77h SIGNATURE

216. TIME OF INJURY HOUR A.M. P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MONTH DAY YEAR 218 PLACE OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION STREET

NOD 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH? YES NO [

COUNTY

206. IF YES, WERE FINDINGS USED

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL PURECTOR PHYSICIAN

200 AUTOPSY?

STAFF

234 PHYSICIAN'S NAME (TYPE COPERING) William J. Oetgen, MD

4/27/48

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION

Prince George Md

6160 Oxon Hill Rapater Oxon Hall Md.

25 REGIST

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL Burial

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR
GEORGE P Kalas Funeral Home ADDRESS

22a.1 certify that (1) (this haspital) attended the deceased from

11.//

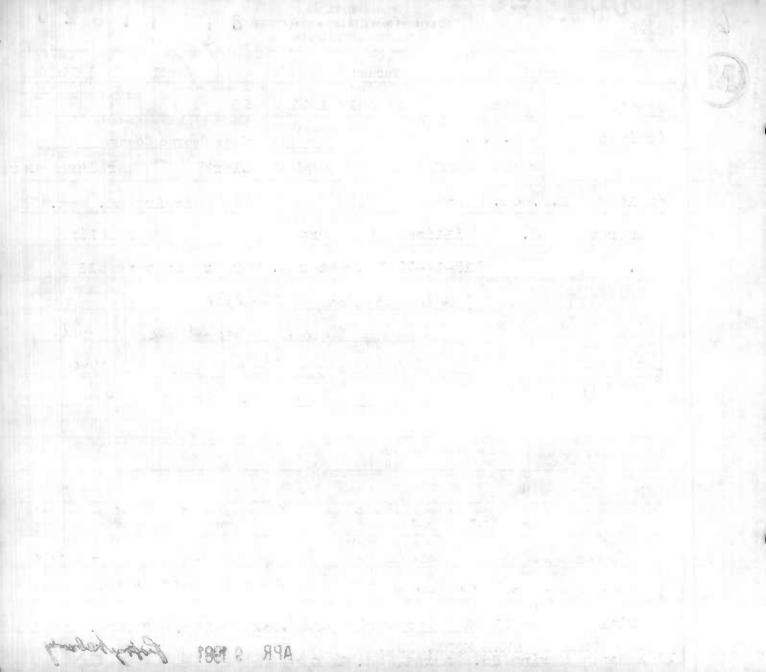
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William C. Coraca, Mr.

Furial 11/27/10 Cecrife Fales Fureral Fone

Sedar Hill Semetary
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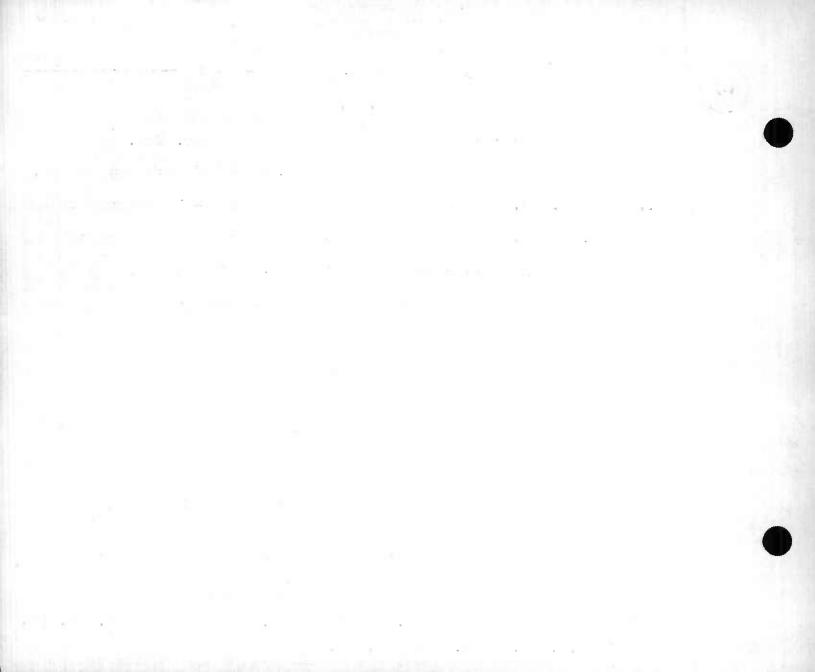
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a production of the contract o Burial # 2 /81 Greenwoo Cem. Beall Functal Hone Lexington, Mebraska 16000 Annipolis r., Bovie, nr.

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		FOR STATE		DEPARTMENT OF HEA		0	1 3	6 3
		REGISTRAR	ME	DICAL EXAMINER	S CERTIFICATE	OF DEATH REG	, NO.	
		CEASED NAME FIRST		MIDDLE //74	LAST	20. DATE KNOWN	MONTH DAY	
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a standard	3. SE)	Hale White	5. DATE OF BIRTH	VEAR LICT BIRTING AND	FUNDER 1 YR. IF UNDE	R 24 HRS. 24. DATE RONOUNCED	4 - 3	10 8/ 24 HOLL
_(1V/3	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY? 8		19. BALTIMORE CIT	Y OR COUNTY OF	111
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ANY DANY DANY DANY DANY DANY DANY DANY D	13a, S	AL RESIDENCE (IF IN NURSING HOM.		13c. CITY OR TOWN Suitland	13d. INSIDE CITY LIMITS? YES NO		Road	
A 22.82.	14.F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST
BALTIMORE RS AFTER DEAT GIVE PAGES I/ITH FORM P PAGES I AN PONTSION OF Y		WAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECURITY NO	17. INFORMANT	ADDR	ESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES I, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM RE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH OF THE PARTMENT OF MEALTH AND MENTAL HYGIENE, DIVISION OF WITH		Conditions, if any, whice gove rise to immedio couse (a) stating the underlying couse last.	DUE TO, OI (b) DUE TO, OI (c) (c)	R AS A CONSEQUENCE OF	<i>J</i>	Immay of I	slare	
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DIVISION WRITING WRITING WARFED TAGE 3 SHAGE ATE DEPARTED PRICES TO SHE WATER DEPARTED FRICES TO SHE WA	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, 21 CTORY, FARM, ETC.)	F. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		22a I certify that I taak cho	furto X.	Accident , Suicide	utapsy , Inspection, Hamicide , TITLE (SPECIFY) M.D. Deputy	ion , Inquiry , Undetermined monner C MEDICAL EXAMINER	ond in my opinion DATE SIGNED	4-4-81
TO MEDIC EXECUTE 1 PAGE 4 S PAGE 4 S AT F EUNEI AT F EUNEI	20			odriguez M.D.		Rayburn Ct., Ca	ump Spring	gs Md.20031
0000 BP	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 7# 4/9/81	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY	STATE
	24 F	UNERAL DIRECTOR			25a. DATE	E REC'D. BY REGISTRAR 256	EGISTRAR'S SIGN	ATURE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	A	natomy Board	Balto.	, Md.	APR	1 0 1981	Fry Mass	andy

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(VRA 15, 4) 7/7B



TYPE OR PRINT page . 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) 3. SEX YEAR TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY SINCE WIDOWED DIVORCED H CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION SUCH FACILITY, GIVE STREET AGORESS) nemploc MARYLAND 2120 JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES Y NO 0006 40 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY MENMOUN PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ä DIVISION OF VITAL RECORDS, 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? a per NOF certificate 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH -loin (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 WED 211 LOCATION 2 ō 21d INJURY OCCURRED 21e PLACE OF INTURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended-the deceased from 40UL) sow the deceased alive an DIREC 17h SIGNATURE DEGREE ATTENDING. MEDICAL STAFF * PHYSICIAN 124 PHYSICIAN SINAME ITURE OF PERILL 27e ADDRESS the the ORT Short

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME FIRST MONTH DAY YEAR 26 HOUR IF UNDER LYEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

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BALTIMORE, MARYLAND 21701 Examiner Notifi	filled in ould be t	35		L RESIDENCE (IF NURS		other institution, TY ICE GEO	GIVE RESIDENCE 13c. CITY OR Hyatt	TOWN Sville	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌		3908° Ca1	vertor	Drive	
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AMORE,	n and ca Pages 1	1	16a. W	AS DECEASED EVER	IN U.S. ARA (IF YES, GIVE	MED FORCES? WAR OR DATES)		SECURITY NO. 03-8644	George O. We		3908 40æ19 Hyatts		Md. (Husband)
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RECOR	has been permit. T	2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS, Augusto Rodrigu	olluG PHYSICIAN: The cartending physicic affer this certificate e as the burial-transit alth and Mental Hygis marked or them 18 sho	9	MEDICAL CER	210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE AT WORK NOT WAT WORK 220.1 certify that (1)	CAUSE OF DEA (AL EXAMINER) RED THILE CORK	P. 21e. PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211. HOW INJURY OCCU	JRRED (ENT	CITY OR TOW		COUNTY	STATE that (1) (we) lost
•	Spiral OR ATTEN I by the haspital NERAL DIRECTOR: be detached for us a State Dept. of Hem 21 is			sow the decess obove, (I) (we) A SIGNATURE TO SIGNATURE	ed alive on,	I view the body	11	19_81.0	of that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDI		F	22c. DATE	
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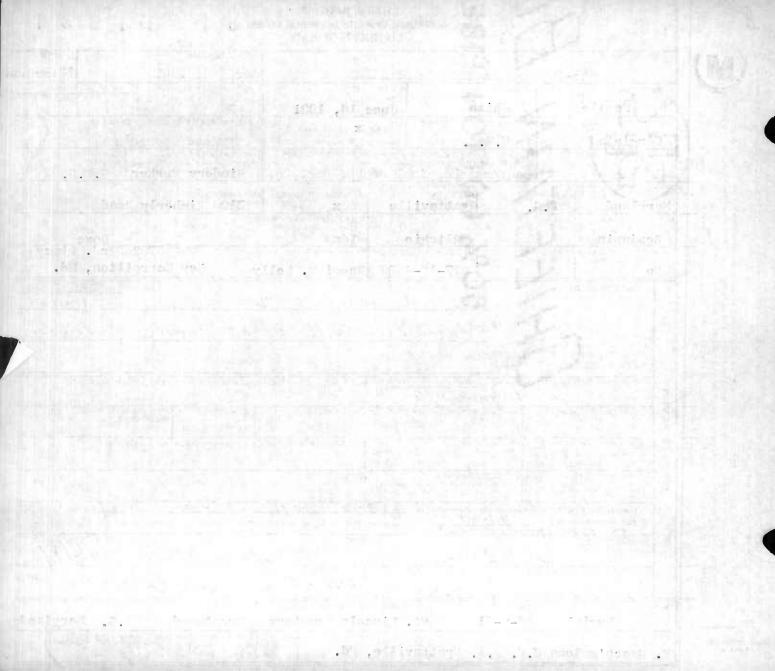
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16	1. DEC	EASED NAME	FIRST		WIDDLE		LAST		20. DATE K	(NOWN DO	MONTH DAY	YEAR	26 HOUR
ASE OR: JRS:				ERINE	Amelia		VEHR	-380	OF DEATH	MATED	4-20-	1981	N
S NECESSARY, PLEASE FEUNERAL DIRECTOR E 5 FOR JOUR FILES. D. WITHINVELOURS I W. PRESTON STREET,	3. SEX	Part of the second second	hite	S. DATE OF BIRTH ADY . 24,	1931 AGE (IN) YEAR 10 ST BIRTH	DAY) MONT	DER 1 YR.	HOURS M	HRS. 2c. DATE PRONOUN DEAD	CED	4-20-	YEAR 1981	PM
ESSA FERAL PRESIN	FOR	THPLACE (STATE		76. CITIZEN OF WH		8 MARR	IED NE	VER MARRIED	9. BALTIMO	ORE CITY OR	COUNTY OF	DEATH	
N. W.		Marylan			S.A.	WIDOV		DIVORCED		ce Geo			
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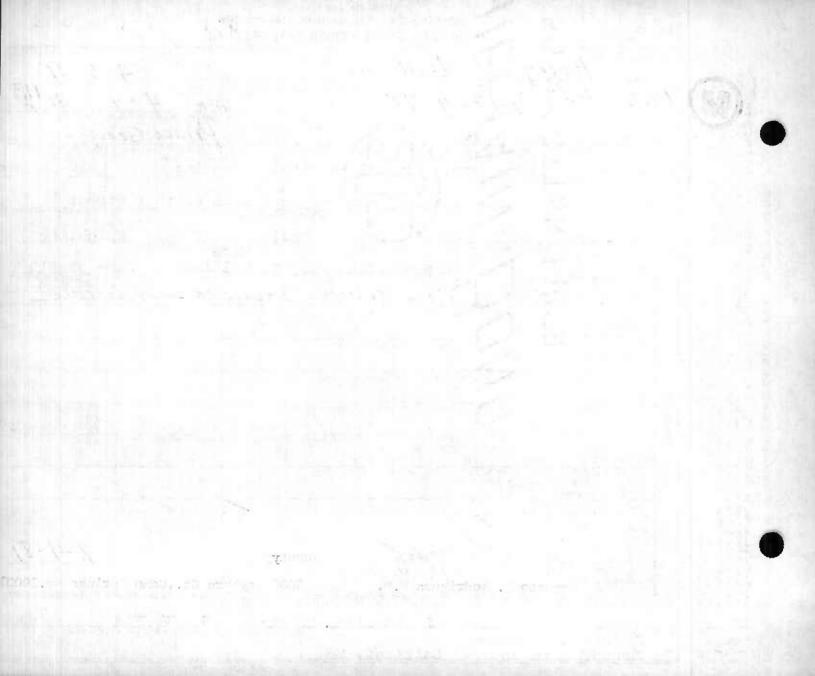
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN PA TTYPE OR PRINTI ESTI-1081 ROBERT ALLEN WEHR DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OT C HOUR LAST BIRTHDAY PRONOUNCED 200 .81 male white Jan.9,1968 1 3YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County U.S.A. W. Virginia WIDOWED DIVORCED 2, AND 3 TO THE HU.
3. RETAIN PAGE S
2 SHOULD BE FILED IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George's Co. Hospital Student Mid.School Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) TOUNTY 13d. INSIDE CITY LIMITS? 13a STATE 113c CITY OR TOWN 13e. STREET ADDRESS Frederick 8505 Inspiration Ave. Walkersville Md. YES NO X EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 STAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH LA BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wehr Catherine Wooden George F. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Father) ADDRESS Same as George F. Wehr NONE No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 6PM A.M. MONTHORY passenger of auto struck in the rear by a UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 21d INJURY OCCURRED Rte 55, southlane, 3/4mi. N HIELMONY PARM, ETC. Beltaville.Md. NOT WHILE AT WORK AT WORK Autapsy X 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL DATE Assistant 4-21-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE April | 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria1 1981 Rest Haven Mem. Gar. Frederick Md. BP 74. FUNERAL DIRECTOR 75b REGISTRAR'S SIGNATURE &len Burnie **DHMH-17** APR 23 uneral (VR A15 ME (5)) Md. 15M 2/80

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		A SERVE		SIGNATURE	1 del	1-03/2	1/100)	Deputy	MEDICAL EXA	MINER	SIGNED		0/
		WOO WOO	5-1	EXAMINER'S	NAME A	to P. Rod	nillion B	A D	ADDRESS 5009	Rawburn C	't Camp	Shrine	e Md.	20031
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	<u> </u>	TYPE OR PRIN								Obrine	,5 114.	2003.
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	, ,	1. DECEASED NAME FIR		LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 2:22pt
2 9	-/	LEO	NARD T.	WILLIS	04 28 81 2:22pr
1/3	No.	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
- 6 (9)	W.J	MALE	CAUCASIAN	06 02 03	76 YRS.
	VIC	70 BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED	9 BATTIMORE CITY OR COUNTY OF DEATH
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s offer the	motified	10 CITY OR TOWN OF DEATH CLINTON	SOUTHERN MAR	MEAND HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY GOVERNMENT;
AND 212 1.24 hou	mystbe	USUAL RESIDENCE (IF NURSING H 130. STATE 13b Maryland P	ome or other institution, give residence before out to the county 13c city or to Clinto	WN 13d. INSIDE CITY LIMITS? YES Z NO	9010 Simpson Lane
≥ ± ± 5	and 2 sh	Samuel Will:	MIDDLE LAST	Edith Mor	ame Middle Last
ORE,	Pages 1	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS
in or	Pages	no		4-4258 Gertrude	A. Willis Same as 13 A-1
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The law requires that the death cer offending physician.	Then please remove carbo ta burial, crematian, ar re injury, ar other troumatic e	Conditions, if ony, whi gove rise to immedia couse (o), stating to underlying couse to	DUE TO, OR AS A CONSEOL	whan heart dr	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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O HOSPI erained to	should be deta with the State L IMPORTANT: If		u N. Adham, M.I		VE HILLEST HEIGHTS MD.
120 BP_		230. BURIAL, CREMATION, REM Cremation	04/29/81	Name of cemetery or crematory Lee's Crematory	Washington, D.C.
DHMH - 16 50/ (VR A 15 (M7/77 (4)) 66	33 Old Alexa	ee Funeral Home nder Ferry Rd.,	,	VEREC'D. BY REGISTRAN 23E, REGISTRAN'S SIGNATURE

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McNamee (dau) same as blk 13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my/four) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED Va STATE COUNTY SO DATE REC'D BY REGISTRAR 254 REGISTRAR'S SIGNATURE DHMH-16 25M Francis Gasch's Sons, PA Myattsville, Md. (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	2 Z Z U F N		AT WORK AT V	VORK								
	EXAMINER: TH CERTIFICATE, W LID BE FORWA DIRECTOR: PA WITH THE STA WARYLAND, 21:		22s. I certily that	I took charge a	f the remains	bed abave, held an	Autops	y , Inspection	in Inquiry [J, and in my	oninion	
				1 100					, ,		Spring.	
	EXAMI CERTIFI UID BE DIRECT WARYL		death resulted from	n: Noturol o	couses	Accident . S	vicide	Homicide	Undetermined man	ner [],		
	MAR WAR		ACTUAL O	Varen	1 XX	Yest were	-/	TITLE (SPECIFY)		0.47	- 71	11 81
	독류성숙토까 -	1	SIGNATURE /	" with	4 1-1	July	V_M	Deputy	MEDICAL EXAMI	NER SIGN	4ED 4	4-01
	SEA SEA	-		(/	/	11			The service of the se	0		14 20027
	ER DE	a cont	(TYPE OR PRINT)	Augus	to P. Re	odriguez M.	D.	5009 I	Rayburn Ct.	, camp sp	rings M	14.20031
	TO MEDICAL ED SECUTE THE CONTROL OF PAGE 4 SHOUL TO FUNERAL DAFFER DEATH, V BATTIMORE, W	22. 0							1431100000			
101	7 2	130.B	URIAL, CREMATION,	KEMOVAL 136.	DAIL	23c. NAME OF CI	METERYOR	CKEMATORY	23d LOCATION CITY OR TOWN	cc	YTHUC	STATE
1/10	BP		Burial		Apr1981	Cedar I	Hill	Cemetery	Sui+1	and.	DC.	-Md
	DIAMALA 17	24 F	PRESENT.		Lhelmoress				REC'D. BY REGISTRAR	736 REGISTRAR'S	SIGNATURE	TIC
	DHMH - 17 (VR A15 ME (5))		Funeral			Suitl	5 cc	MA AP	K8 1201	-/		
	1644 2 /90		runeral	HOME	LIIC	SULTI	allu,	IMC WHOTE			No. of Contract of	/

		STATE	OF MARYLAND		4 4 49	1119 1
1	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH		113	30
1. D	ECEASED NAME FIRST		AST	REG. NO	ONIH DAY YEA	AR Zb. HOUR
(14	TOSE	PH A. ZE	=	426	181	1255
3 S	EX	4. RACE 5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRTH		EAR IF UNDER THE HE
3	male	caucasian Feb	. 3, 1911	70	YRS	
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWE	NEVER MARRIED D	Prince G		
Page 2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF STREET ADDRESS! SOUTHERN Mary Land	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Engineer	ON 126. KIN	ND OF BUSINESS OR IBY
13a.	JAL RESIDENCE (IF NURSING HOMEON STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	,,,,	2 010
		rles Waldorf	YESX NO 🗆	Route 1,	Box 14,	Quade Ct
	rnest Zell	MIDDLE LAST	15. MOTHER'S MAIDEN NA/ Elizabeth			LAST
3	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) WWI	WE WAR OR DATES!	17 INFORMANT 6 Mary Jane	ADDRES	Same As 13 A-E	
ather traumotic event, th	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	rtes army	ren		PROXIMATE INTERVAL FERN ONSET AND DEATH 725
CATION		CONDITIONS CONTRIBUTING TO DEATH BUT And 196 CONDITION FOR WHICH OPERATION		INAL DISEASE OR COND	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		21c. HOW INJURY OCCURR			-
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	Y STATE
n 21 is narked	saw the deceased alive an abave, (1) (we) (did no	ot) view the body after death.	d that in (my) (our) opinion (deoth occurred on the dot		
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	William /	Vent Turnt 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI	IAN 4	-26 81
IMPORTANT:	William K.	Furst, M.D.	228. ADDRESS 9401	Indian Hea	ad Highwa	ay
	BURIAL, CREMATION, REMOVAL Burial	04/29/81 Arling	emetery or crematory top Nationa			state rginia
° 6633	Old Alexand	Funeral Home, Inc. er Ferry Rd., Clin	nton, MD	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIC	NE Creaty

